THE CANADIAN NURSE

RIODICALS R.

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MONTREAL

Highlight for
MARCH 1957

FLUORIDATION
DOUGLAS J. YEO, D.D.S.

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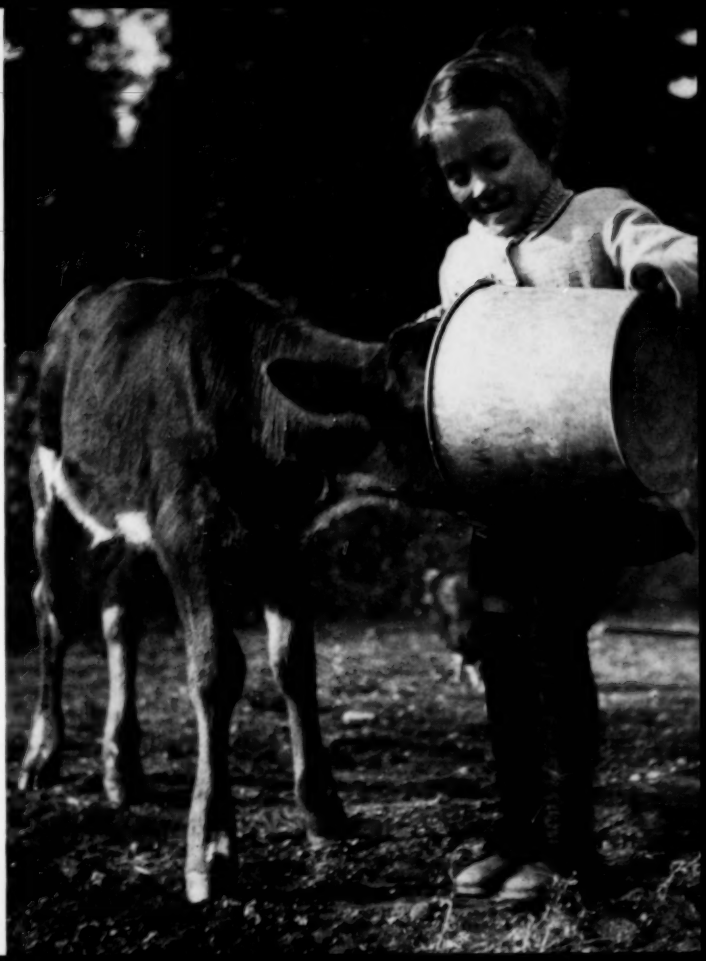

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THE CANADIAN NURSE

L'Infirmière canadienne

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Between Ourselves

NOVA SCOTIA, the native province of our guest editor this month, was the scene of both the earliest French (Port Royal, 1605) and the earliest British (Halifax, 1749) settlements in Canada. Second smallest of the ten provinces, the density of population per square mile is greater than that of any other province excepting Prince Edward Island. Gifted Nova Scotians in all walks of life have given leadership in many directions to the rest of the dominion. Our profession bows to the courage, persistence and clarity of vision of the pioneers in nursing in Nova Scotia who were the first to impress upon a provincial legislature the value of registration. Their original Nurses' Act was passed in 1910.

A true daughter of Nova Scotia, **Mary Dorothy (Turner) McKeown** was born, educated and received her nurse's training in Halifax. Excepting for a period of three years during World War II when she was on the staff of the communicable diseases unit of Camp Hill (D.V.A.) Hospital, Halifax, all of Mrs. McKeown's professional activities have been closely linked with the Halifax Infirmary where she graduated in 1933. At the present time, her days are very full as she combines a part-time instructor's responsibilities at the Infirmary with the demands made by the Registered Nurses' Association and her duties at home.

* * *

Is there a problem of dental ill health in your home? In other words, do you need to visit the dentist personally? Have you had to wait quite a long time for a dental appointment?

Children presently being reared in communities where sodium fluoride is in solution in the drinking water will not have to face the experience of extensive dental corrections, according to **Dr. Douglas Yeo.** He gives definite and emphatic anwers to the important questions that are puzzling men and women in many communities who are called upon to vote on a referendum concerning fluoridation.

There are a great many "antis" in most communities — persons who consistently are vociferous in their opposition to many of the progressive public health measures that are introduced. An informed and equally vocal nursing profession can do much to counterbalance the weight of confusion that so frequently arises in such issues.

Sailing day or flight time is approaching fairly rapidly for those lucky nurses who plan to attend the I.C.N. congress in Rome in May. For those whose plans are not completely finalized for all of the things they would like to do and see in Britain, **Flora Moroney** has some sound advice in her short article. Several nurses who have told us of their plans to rent a car and motor to the spots they have longed to see may be particularly interested to learn how to do their sightseeing "cheaply and well" if gasoline rationing is still in effect.

* * *

A glimpse at some of the problems of integration that face the people in Israel is afforded us by **Ella Gould** who made a first-hand study of how public health problems in particular are being tackled, during a visit to the Middle East.

* * *

Several times in the past 18 months, we have carried an advertisement for staff members from the Grenfell Labrador Medical Mission. When she visited our office, **Miss Dorothy Plant**, secretary of the Mission, told us of the gratifying response Canadian nurses had made to these advertisements, of how well satisfied the Grenfell Mission was with the work these nurses were doing. Miss Plant's enthusiasm for the splendid work being done at the largest of the Mission hospitals at St. Anthony, Nfld., piqued our interest to the point we asked for — and received — permission to share some of the lively accounts of nursing experience that have been printed in *Among the Deep Sea Fishers,* the publication of the International Grenfell Association. This month we are carrying a brief description of St. Anthony. Tales of nursing experiences will follow from time to time.

* * *

For some time we have given publicity to the fact that our April, 1957, issue would be devoted largely to articles concerned with Civil Defence. In circumstances beyond our control a realignment of schedules has had to be made. The special Civil Defence issue will be published in May. It is our expectation that there will be seven articles by medical men and four by nurses, with one from each of these groups appearing also in French.

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Description—Each ounce of cream provides 200,000 U.S.P. units of vitamin A and 2% pantothenylol (analogue of pantothenic acid) in a special highly absorptive water-miscible base.

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Application— Smooth in 2 or 3 times a day.

BENTYLOL

Manufacturer—Wm. S. Merrell Company, St. Thomas, Ont.

Description—Each tablet provides: Bentylol (dicyclamine) HCl 20 mg., phenobarbital 15 mg.

Indications—Relief of gastrointestinal spasm pain.

Administration—One tablet 3 times daily and at bedtime if needed.

COMPAZINE

Manufacturer—Smith Kline & French Laboratories, Montreal.

Description—Each tablet contains 5 mg. proclorperazine as the dimaleate tranquilizer and antiemetic.

Indications—Mental and emotional disturbances, nausea and vomiting, especially in pregnancy.

Administration—In most patients, 5 mg. 3 or 4 times daily is effective. Some require 10 mg. 3 or even 4 times a day. Only in the rarest instances should this dosage be exceeded. Children over 12, use lower adult dosage. As yet no dosage has been established for children under 12.

Recommended for relatively short term therapy, not longer than 2 weeks.

COMPOCILLIN-V

Manufacturer—Abbott Laboratories Ltd., Montreal.

Description—Each 5 cc. teaspoonful provides: Penicillin-V (as hydrabamine salt) 180 mg. and methylparaben 0.135%, propylparaben 0.015%, benzoic acid 0.1% as preservatives, in a palatable, aromatic vehicle. Provides for high blood levels of penicillin.

Indications—Infections caused by penicillin-sensitive organisms, in the type of case where oral penicillin therapy is known to be effective.

Administration—Initially 1 or 2 teaspoonfuls (5 or 10 cc.) every 6 hours, to be adjusted in accordance with patient's response.

DIOVAC

Manufacturer—Gray Pharmaceuticals Inc., Newton, Mass., U.S.A.; **Can. Agents:** Harold F. Ritchie & Company (1954) Ltd., Weston, Ont.

Description—Dioctyl sodium sulfosuccinate — sodium benzoate.

Indications—Prophylactically or therapeutically, to soften stools and to correct constipation, obstipation or impaction in patients of all ages.

Administration—Adults: 1 or 2 teaspoonfuls of syrup or one capsule once or twice daily followed by a glass of water.

Children 6 years and older: 1 or 2 teaspoonfuls of pediatric syrup once or twice daily — or one capsule once daily — followed by a glass of water.

Children under 6: Pediatric syrup, dosage adjusted.

FORMALDEHYDE TABLETS

Manufacturer—Ingram & Bell Limited, Toronto.

Description—Contains 1 gram of paraformaldehyde per tablet.

Indications—For the disinfection of instruments, silk-woven catheters.

Administration—May be vaporized by heat using a vapor generator or placed in a catheter humidor.

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Manufacturer—Abbott Laboratories Ltd., Montreal.

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Indications—Provides water, carbohydrate and cellular and extracellular electrolytes in tolerable quantities to cover hypohydration, insensible water losses and urinary excretion.

Administration—Intravenously at a rate not to exceed 500 cc. per hour.

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Description—Contains 2% butacaine sulphate in a special ophthalmic ointment base.

Indications— In the treatment of painful conditions of the eye where an anesthetic action is desired.

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Manufacturer—Eli Lilly and Company (Canada) Limited, Toronto 13.

Description—A palatable, midly flavored 20% suspension of beta- and dihydrobeta-sitosterols. Each 15 cc. (approximately 1 tablespoonful) contain: Positol 3 gm. alcohol 4%.

Indications—Conditions in which a sustained reduction of hypercholesteremia is desired.

Administration—The suggested dosage is 1 tablespoonful (approximately 15 cc.) immediately before each meal of medium size. The dose should be increased to 1½ or 2 tablespoonfuls when large or high-fat meals are consumed. Maximal response may require a total daily dose of 4 to 6 ounces.

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Manufacturer—E. R. Squibb & Sons of Canada, Limited, Montreal.

Description—A tri-iodinated contrast medium for intravenous excretion urography. Each cc. contains 0.1 gm. of the sodium salt and 0.66 gm. of the methylglucamine salt of 3, 5-diacetylamino-2, 4, 6, triiodobenzoic acid in aqueous solution.

Indications—For intravenous urography. Opacification of the urinary tract occurs between 5 and 15 minutes following the injection.

Administration—Should first be warmed to body temperature and injected slowly in the antecubital vein, allowing 3 minutes for the injection. If side effects occur, the injection should be slowed, or briefly interrupted until the symptoms have disappeared.

The usual dose for adults and young people (16 years or more) is 20 cc.

Administration—One ampoule. For children the dosage is proportionately lower: 5 cc. in infants; 10 cc. in smaller children and 15 cc. in older children.

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Manufacturer—A. H. Robins Co., Montreal.

Description—Each teaspoonful (5 cc.) contains: Dihydroxy aluminum, aminoacetate 0.5 gm. (7½ gr.). It is a highly palatable, free flowing liquid.

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Administration—One tablet is designed to preserve 2 fluid ounces of urine.

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Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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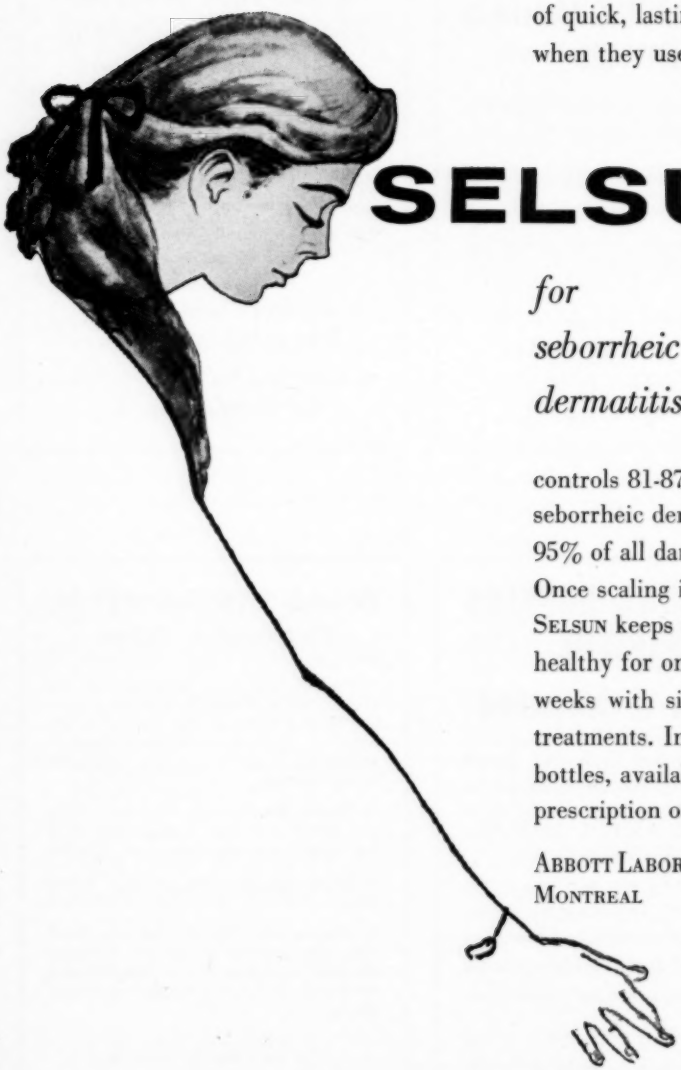

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THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 53 NUMBER 3

MONTREAL, MARCH, 1957

The Nova Scotia Scene

Every provincial association has its share of dramatic incidents which serve to emphasize the vision of its founders. The Registered Nurses' Association of Nova Scotia is no exception. One such occasion took place in the year 1910, when Nova Scotia became the first province to secure legislation for nurses. The pioneers of our Association have bequeathed to us a legacy that is rich in cherished traditions and professional achievements. But neither the deeds of the past nor the hopes of the future should take precedence over the responsibilities of the present. So, may I direct your attention to some recent happenings in our Association?

More and more the R.N.A.N.S. is being asked to speak for professional nursing in this province. Frequent requests have been made by the Department of Health for our members to serve on provincial committees such as The Provincial Hospital Planning Committee and The Committee on Maternal and Child Health Grants. The Provincial Hospital Planning Committee was set up to investigate all phases of a national hospitalization plan for Nova Scotia. In addition to our representation on this very important committee, the Association

(Wright, Halifax)

DOROTHY MCKEOWN

submitted a Brief which expressed the views of our members in respect to hospital insurance. A feature of the Brief was a recommendation that at least one member of the R.N.A.N.S. be appointed to the membership of any Board or Commission which may be set up to administer hospital insurance in this province.

The Association has been requested by the Provincial Government, through the Deputy Minister of Health, to administer the registration of certified nursing assistants under the Nursing Assistants Act of Nova Scotia. The Act introduced by the Department of Health will be administered by an independent Board. The Association has a representative on this Board. Our responsibilities will deal mainly with the registration of nursing assistants and the inspection of schools and training courses for them. The R.N.A.N.S. appointed a committee to study the duties of the Association in this matter, and also to estimate the cost of administration. Subsequently, a proposed budget was presented to the Deputy Minister of Health which was favorably received. At the time of writing, the Association is waiting for further word from the Registration Board.

Another activity has been the revision of standing committees to conform with the national pattern. The curriculum is being reviewed. All schools of nursing have been provided with a copy of the Self-Evaluation Guide of the National League for Nursing. Our school of nursing adviser surveys annually the fifteen schools of nursing in the province and the affiliate schools and services. Additional visits may be made at the request of a school of nursing, or, if it is deemed necessary, by the Board of Consultants.

The members present at the annual meeting in 1955 witnessed the birth of the Student Nurses' Association. For many it was a moment of nostalgia as we viewed the youthful executive.

Our Personnel Policies and Practices have been revised. It is encouraging to note that the majority of hospitals and agencies have shown their willingness to concur with the recommended policies. There is a desire by the nurses of Nova Scotia, as well as elsewhere, to apply some of the accepted principles of social and economic life to their own rather neglected group. It is an obligation of the Association to ensure that the pendulum does not swing too far in either direction, so that professional ideals and nursing standards will be maintained.

During the occasion of the explosion at No. 4 Colliery, Springhill, Nova Scotia, in 1956 some of our members had the privilege of giving voluntary nursing service. Mr. H. C. M. Gordon, vice-president and general manager of the Dominion Coal Company Limited, in his message of thanks to the registered nurses, expressed the sentiments of so many of us who followed the tragic events:

> The kindly thought which prompted your help as well as the spontaneity and willingness with which that help was forthcoming does much to strengthen faith in one's fellow man.

The chairman of our Civil Defense Committee was on the spot at Springhill and her observations should be of value in any future planning for Civil Defense.

The port city of Halifax has played host to a great influx of people fleeing from their native land. Among their numbers were many professional men and women. Such a picture reminds us that it is a great privilege to practise our profession in such a land as Canada.

Through the tireless and unselfish efforts of its members, the R.N.A.N.S. has been nurtured from infancy to maturity. Perhaps the path it has travelled could be called "Adventure Avenue."

DOROTHY MCKEOWN, *President*
Registered Nurses' Association of Nova Scotia

* * *

Throw away all ambition beyond that of doing the day's work well.

— SIR WILLIAM OSLER

* * *

If children grew up according to early indications, we would have nothing but geniuses.

— GOETHE

Fluoridation

DOUGLAS J. YEO, D.D.S., M.P.H.

FLUORIDATION is the chemical adjustment of the fluoride content of a public water supply to a level optimal for dental health. Controlled studies have demonstrated a quantitative relationship between the fluoride content of a public water supply and the dental caries experience of the population using such water.[1 2 3 4 5 8 9 10] After 50 years of diligent research it has been established that the addition of as little as 1.0 parts per million of fluoride to a water supply will reduce drastically the incidence of dental caries. Furthermore, studies have shown that the procedure is entirely safe and harmless. In other words, it has been established that fluoridation is the cheapest and most effective method available for reducing the incidence of dental decay. The principle has been accepted universally by the health professions but in many places has not received public acceptance.

At first glance it is difficult to understand why a large group of citizens should reject as unsafe something which has been recommended to them by the leading health authorities of the world. Many communities have had fluoridation "campaigns" which have ended in rejection of the measure by referendum. It would seem that too much time has been spent attempting to explain the technicalities of fluoridation without first having shown the definite need for it.

Any community, council, organization or individual citizen contemplating acquiring anything new, be it fluoridation, a new truck, dishwasher, or any article, should first ask himself four questions:

1. Is it necessary?
2. Is it effective?
3. Is it safe?
4. Is it practical?

An affirmative answer to *ALL* these questions will leave no doubt in anyone's mind as to which course to take.

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In the case of fluoridation these four questions are very important so let us consider each one separately.

IS IT NECESSARY?

As we stated previously, in many communities the fluoridation issue has been raised and decided upon before anyone really showed any evidence as to whether there was a definite need for it. The average citizen today acquires because of need — whether it be a new car, a household gadget or a new golf club. Before the item is purchased he usually is sure in his own mind that he really needs it. If a person can be shown by a salesman that an article is needed, a sale is usually made. But, does the average community in Canada need fluoridation? Do we need such a community approach to dental prevention?

We need only look at the dental health status of the average community to find the answer. Annual reports and surveys show that dental disease is one of our most serious public health problems and that the only answer lies in prevention. Research, over the past years, has shown that fluoridation is, to date, our most effective means of attaining this prevention.

The Canada Sickness Survey of 1950-51 showed that nearly three-quarters of Canadian families spent *nothing* for dental treatment during that year and still the majority of dentists were overburdened with work. In most parts of Canada there is such an acute shortage of dentists that it is totally impossible to provide treatment for all of the people who suffer from dental disease. Not until preventive procedures have reduced the amount of dental disease to a point where it can all be treated will there be any hope for a solution to this problem. Studies across Canada show that four out of five of our six-year-old children already suffer from dental decay.[6] The average child starting school has more than five of his important primary teeth decayed. The

average twelve-year-old child already has eight of his permanent teeth decayed, and has lost one of his permanent teeth. Over 98 per cent of the population suffer from dental disease. *Every* community and almost *every* member of every community in Canada suffers from dental disease and it is quite apparent that a community approach is necessary to attack this problem.

The control or elimination of any community disease cannot be accomplished by treatment but must be done through prevention. The fluoridation of communal water supplies has been shown to be the only effective community approach to dental disease at our disposal today. Therefore, the answer to the question "Is Fluoridation Necessary" must be an emphatic "Yes."

Is It Effective?

If we can be sure in our own minds that a certain purchase is needed, before going any further we must be assured that the article we are considering purchasing is going to do an effective job. It would be useless to buy a six-foot ladder to be used to paint a three-story house. We recognize the fact that we need something to prevent dental disease. Fluoridation is recommended as our answer, but will it really solve our problem? Will it be effective in dealing with dental disease? To get the answer we need only look at the experiences of and studies carried on in various communities.

Prior to 1945, studies and reports from many parts of the world had conclusively shown that water containing fluorides dissolved out from underground deposits could be consumed safely and would greatly reduce the incidence of dental decay. The evidence all pointed to the presence of the fluoride ion in the water as being the factor that was responsible for this reduction in decay. Inquiring minds immediately began to wonder whether raising the fluoride content of a previously fluoride-deficient water supply by the mechanical addition of sodium fluoride, would cause the same lowered incidence of tooth decay as did the water which picked up its fluoride from underground deposits. In 1945 three different studies were undertaken. The results of all three have been encouraging and practically identical so let us have a look at the one closest to home.

In June, 1945, the city of Brantford, Ontario, began to fluoridate its water supply, and has continued to do so ever since. To study the effect of fluoridation, children from Brantford, Sarnia and Stratford were given dental examinations.

The children from Sarnia and Brantford had consumed fluoride-deficient water since birth. The children from Stratford had consumed water containing 1.6 parts per million of natural fluoride and in 1945 exhibited much less dental caries than the other two groups. This fluoridation study was carried out by the Brant County Health Unit and the Department of National Health and Welfare. The results, obtained after ten years of study have been recently published and are as follows:

> The children born in Brantford since fluoridation began, now exhibit the same degree of resistance to dental caries as those of the corresponding group in Stratford, where water containing from an underground deposit about 60 per-cent more fluoride than the water used at Brantford, has been consumed during the past 38 years.

The children in Brantford exhibit much less dental decay than the corresponding groups in Sarnia where the water has remained fluoride-deficient. Every community which has adopted fluoridation shows the same remarkable drop in dental decay. The resistance to decay which is exhibited in children who have consumed fluoridated water since birth remains with these children on into adult life and can result in a whole new adult generation enjoying much better dental health than you or I enjoy today. Practical study and examination of thousands of children and adults gives us an affirmative answer to our second question, Yes, fluoridation *is* effective!

Is It Safe?

The majority of arguments against fluoridation could be included under the heading of safety. Fluoridation has

been accused of being the cause of every illness of mankind for which no specific cause is now known. Included in the list are premature baldness, arthritis, nymphomania, satyriasis, eczema, softening of the brain, cancer, brittle bones and broken toe-nails! It is indeed easy to make such accusations but never has any proof accompanied them.

On the other hand no ill-effects of either a medical or a dental nature have been revealed in the Brantford study, or reported by the medical profession, by the dental profession, or by the health authorities in either Brantford or Stratford. There are today, more than 24 million living examples in North America to refute these accusations. These people have consumed fluoridated water for periods up to an entire lifetime, and in many cases in concentrations much higher than is recommended, without suffering any ill effects but gaining the beneficial effect of improved dental health.

The fluoridation of communal water supplies has been recommended by the leading health authorities of the world — if it was not safe they would not do so. Findings from the many studies can provide us with the basis for giving an affirmative answer to this third question: Yes, fluoridation is safe![9 11]

Is It Practical?

Actually this is just a polite way of saying "Can we afford it?" Waterworks engineers and equipment manufacturers agree that the addition of fluoride to a water supply is a very simple procedure and is entirely practical from an engineering standpoint. The cost may vary from community to community depending on the number of separate water sources making up the supply and the type of fluoride compound used to fluoridate. In some communities the cost is as low as five cents per person per year; in others it is as high as twenty-five cents. The average cost is about fifteen cents per person per year. This small expenditure will save every person of the community two-thirds of their annual dental bills. It could well be said that no community can afford to be *without* fluoridation.

The Brantford study in Canada and similar studies in the United States have given us important and irrefutable evidence on the efficacy of fluoridation. The latest report by Dr. H. K. Brown, dental consultant, Department of National Health and Welfare, has been written after Brantford has had more than ten years of experience with 1 part per million of fluoride in its water supply. During that time a very important, statistically significant reduction in tooth decay has occurred in all the age groups studied. The summary of the report states:

> A fact of fundamental importance in public health has been established. Raising the fluoride content of a fluoride-deficient water supply to about 1 part per million will lower the attack rate of tooth decay among children born subsequent to fluoridation, to about one-third of that which prevails among those born and continuing to reside in communities which have no fluoride in their water supply, such as Sarnia. For every three decayed teeth they would have had, they have only one. Moreover, in this one there is very much less decay and it progresses much more slowly than in the average tooth where there is no fluoride, as these teeth resist and delay the progress of decay. This makes treatment of the residual decay easier for both the patient and the dentist, reduces the need of very young children for extensive dental treatment and aids in preventing the premature loss of teeth. This loss is the chief cause of irregular permanent teeth.

Summary

It was stated previously that over 98 per cent of the population, brought up in communities where there is no fluoride in the water, suffer from dental caries. Canada does not have sufficient dental manpower to provide treatment for the existing, accumulated dental disease. Fluoridation will bring the prevalence of tooth decay down to a point where it can be controlled by treatment and will practically eliminate it among those members of the population who practice good eating habits and good oral hygiene.

From the foregoing it is evident that an effective community answer to dental decay is needed and that

fluoridation is that answer. There *is* a need for it, and it has been shown to be effective, safe and practical. All that is presently needed to make fluoridation one of the greatest public health measures of all time is acceptance by the public. This acceptance is slow in coming, but it will come and when it does the dental and general health of our next generation will exhibit a history-making improvement.

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The Hygiene of Thermometers

IT IS REMARKABLE that every patient in hospital has his temperature taken at least twice a day. Other instruments of diagnosis are used only if they provide information relevant to the patient's illness; but this discrimination is seldom applied to the taking of temperatures. It is a pity, therefore, that in many hospitals the hygiene of temperature-taking is less efficient than it might be.

It is not uncommon for a busy ward nurse to use half a dozen thermometers for 30 patients, allowing each instrument only a few moments "in a pink fluid" between patients. Few nurses, doctors, or even patients will take issue with the recommendation of the Medical Research Council that "each patient should have a separate thermometer."

Communal thermometers may convey tuberculosis, diphtheria, scarlet fever, poliomyelitis, "sore throat" influenza, and the common cold. They may disseminate antibiotic-resistant staphylococci. Objections can also be raised on esthetic grounds — but these and the bacteriologic objections would not be as strong if the communal thermometer were "effectively cleaned and sterilized after use." At the current speed of temperature-taking rounds, effective sterilization is nearly impossible.

Frobisher, Sommermeyer, and Blackwell found that "1 in 1000 alcoholic solutions of quaternary ammonium compounds and 0.5% tincture of iodine gave complete sterilization after ten minutes' immersion," and that "the performances of all disinfectants in the trial were improved if the thermometers were wiped with a piece of soapy cotton-wool before being put into the fluid." Further studies are necessary to establish the ability of these and other substances to do the job, but for the moment, "there is no justification for further delay in providing each hospital patient with a separate clinical thermometer."

—*Lancet*

L'Orientation au Travail dans le Domaine du Nursing

Soeur Florence Keegan, s.g.m., M.Sc.Ed.Inf.

Définition

Il convient tout d'abord en abordant cette étude de définir le terme "orientation."

Etymologiquement, orientation vient de "orient." Le *sens propre* d'orientation est la détermination de la position d'une personne, d'une chose, par rapport aux points cardinaux. S'orienter, c'est donc, se situer, se localiser, en vue de se diriger du bon côté. Le *sens figuré* du terme orientation, c'est de reconnaître de quoi il s'agit dans une affaire, en considérant les différentes forces qui jouent dans la situation et en examinant comment on doit s'y prendre pour réussir. Donc, s'orienter, c'est reconnaître où l'on en est dans un problème et trouver la direction à prendre. Orienter un autre, c'est l'aider à diriger son action de façon à ce qu'il atteigne le but convoité.

L'orientation est donc la détermination de notre position relativement à l'entourage, aux personnes, ainsi qu'aux connaissances, à l'expérience et aux principes.

Dans le domaine du nursing, l'orientation est une méthode ou un programme d'activités destinés à aider l'infirmière à s'adapter à la nouvelle situation, à lui expliquer la place qu'elle occupe dans le cadre de l'organisation, à lui montrer son rôle, l'importance de sa tâche vis-à-vis le malade, l'institution, et à établir la nouvelle arrivée dans un sentiment de sécurité.

Principes directeurs

Trois principes directeurs sont à la base du programme d'orientation:

1. Le malade a droit aux meilleurs soins.
2. L'institution est en droit d'attendre un plein rendement de son personnel professionnel.
3. L'infirmière a droit à une satisfaction personnelle dans son travail.

En se basant sur la définition de l'orientation et sur les principes précités, nous pouvons énoncer certaines données sur lesquelles le programme sera établi:

1. Notre philosophie doit exprimer la conviction que les individus s'adaptent plus rapidement et plus efficacement s'ils sont aidés. Ils développeront des attitudes loyales quand leurs besoins sont reconnus. Toute personne est digne de considération et d'appréciation.
2. Les membres du personnel doivent recevoir une chaude bienvenue qui crée un sentiment de sécurité, de confiance en soi-même, d'ardeur, et résulte en une satisfaction mutuelle.
3. Les connaissances et le degré d'expérience de l'individu doivent être pris en considération en déterminant le genre d'orientation.
4. La personne la mieux préparée, qui connait la véritable situation, doit être responsable d'introduire et d'orienter le nouveau personnel.
5. Le personnel doit avoir un temps suffisant d'alloué pour se familiariser avec l'entourage physique et les tâches. Plusieurs conférences de courte durée seront plus efficace qu'une seule qui serait trop longue.
6. Le programme d'orientation doit être déterminé avec soin, posséder une véritable valeur et offrir une occasion d'éducation.
7. Le matériel de références et les manuels doivent être accessibles afin de faciliter la réalisation d'une adaptation réussie et permettre un progrès continu.

Importance du programme

Cette décade d'après-guerre sera considérée, dans l'histoire universelle,

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comme une étape franchie vers une plus grande reconnaissance du facteur humain dans le travail. Pendant que la période précédente avait été marquée par une évolution technique qui attachait surtout de l'importance à la tâche à accomplir et aux instruments qui faciliteraient son exécution, celle-ci met en valeur la personne elle-même impliquée dans le travail, ses réactions psychologiques et les facteurs sociaux qui l'affectent.

Aujourd'hui, d'importantes organisations, ainsi que des écoles d'administration dont le but est de préparer des dirigeants, s'intéressent de plus en plus aux besoins du personnel. Dans des agences nombreuses et diverses, des règlements et des programmes favorisant ce point de vue ont été développés et permettent le progrès personnel, technique et professionnel du travailleur.

Le principe fondamental à la base de ses programmes est double: tout d'abord, l'organisation accepte comme une obligation sociale la responsabilité d'aider son personnel à se tenir au fait des changements et de l'évolution dans son secteur de travail; en second lieu, l'agence reconnait qu'il lui est économiquement avantageux d'aider ainsi son personnel, puisque le rendement d'une part et l'efficacité ainsi que la satisfaction du travailleur d'autre part, sont inévitablement interdépendante. Un second principe, corollaire au premier, consiste en ce que tout individu a le devoir social et professionnel d'augmenter constamment sa compétence comme travailleur, comme citoyen et comme personne.

Nulle part ailleurs plus que dans les services sanitaires, et particulièrement dans le nursing qui emploie le plus grand nombre d'ouvrières, ces deux principes trouvent-ils leur application.

Le nursing, comme tous les autres services sanitaires, vit une ère d'évolution très rapide et la complexité de la tâche confiée à l'infirmière qui débute dans la carrière dépasse de beaucoup ce que l'on pouvait prévoir il y a dix ans, ou cinq ans, ou même un an. Les services du nursing et les infirmières elles-mêmes reconnaissent de mieux en mieux la part qu'ils doivent jouer pour se tenir au point dans ce progrès nécessaire.

Si vous voulez bien, énumérons quelques-unes seulement des nouvelles conditions qui exigent une adaptation constante dans le nursing:

1. *La fonction de l'infirmière est en voie de se transformer.* Les connaissances médicales, les techniques nouvelles, les données sociales et psychologiques que l'infirmière doit posséder du fait de l'avancement incessant des sciences humaines, de la médecine, de la chirurgie et des thérapeutiques actuelles ne sont qu'un des éléments de cette transformation.

2. *Les fonctions de l'infirmière augmentent.* De nouvelle responsabilités autrefois du ressort exclusif des médecins sont actuellement confiées aux infirmières.

3. Nous voyons que dans les services de soins aux malades ainsi que dans les organisations sanitaires en expansion, *l'infirmière diplômée ne peut plus s'acquitter elle-même de toutes les tâches soignantes.* C'est pourquoi on a vu s'introduire dans les hôpitaux et dans les services de santé publique un personnel auxiliaire. Ceci exige une redistribution des fonctions et un travail d'équipe.

4. Le soin du malade est devenu essentiellement une *œuvre de collaboration* entre le médecin, l'infirmière, les techniciens et les auxiliaires de toutes sortes. Ceci oblige à faire régner de bonnes relations humaines, facteur de guérison pour le malade et de bon rendement pour le personnel.

Il est évident que l'infirmière joue un rôle vis-à-vis l'institution, le malade, les compagnes et le personnel auxiliaire. Pour qu'elle remplisse ce rôle et qu'elle soit heureuse dans son travail, une orientation s'impose. Cette absence d'orientation et de sources de renseignements à l'arrivée dans une nouvelle situation n'est-elle pas souvent une des principales lacunes dont se plaint l'infirmière diplômée? Il est en effet impossible pour le personnel de donner de bons services aux malades, s'il est placé dans une situation pour laquelle il n'est pas préparé et où il ignore tout des politiques, des techniques et du protocole de l'insti-

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Manuel d'orientation, publié par l'Association des Infirmières canadiennes, est en vente à l'Association des Infirmières de la Province de Québec, 1538 Sherbrooke Ouest, Montréal.

tution. De même, une orientation mal conçue produira des employés routiniers au lieu d'un personnel capable de déployer de l'initiative. Au contraire, une orientation bien comprise, bien organisée, est une méthode effective pour une adaptation rapide et satisfaisante. Il faut persuader l'infirmière de cette réalité qu'elle est membre d'une équipe et que son activité est une partie d'un ensemble destiné à œuvrer pour le bien-être du malade.

Si l'infirmière se sent désirée par l'accueil qu'elle reçoit, elle sera plus convaincue de l'importance de son travail, elle servira en toute droiture et dévouement tous les malades; elle réussira mieux car on se sera préoccupé de l'aider à vaincre certaines difficultés du début. Une personne qui s'engage dans une nouvelle sphère ne manque pas de se sentir quelque peu dépaysée — si elle reçoit un accueil cordial, si son nouvel entourage lui témoigne de l'intérêt, encourage ses efforts — elle retirera beaucoup plus de satisfaction de son travail et son rendement sera meilleur.

Organisation

Tout programme d'orientation doit être pratique, avoir une portée bien définie et être de nature à stimuler celles à qui il s'adresse. Il doit nécessairement être établi pour satisfaire aux besoins de chaque organisme. Les grandes organisations n'envisageront pas le problème de l'orientation du nouveau personnel de la même manière que les petites organisations.

L'orientation constitue réellement une responsabilité administrative. Le programme comprend trois parties: une orientation générale accomplie par le directrice; une orientation départementale, par l'hospitalière, chef de département; une troisième partie consiste dans le "follow-up," c'est-à-dire que l'on s'y rend compte au bout d'un certain temps si l'infirmière s'est effectivement familiarisée avec ses fonctions.

La méthode, la teneur et la durée du programme d'orientation dépendront de l'importance et de la complexité de l'organisation en cause. Il devrait, tout de même, être d'une durée suffisante pour assurer à l'infirmière des connaissances utiles qui lui permettront d'être mise au courant des responsabilités qui lui incombent, de connaître le personnel et les conditions matérielles du milieu particulier où elle sera appelée à travailler.

Pour réaliser un bon programme d'orientation, il importe que la personne chargée d'orienter connaisse et comprenne tous les aspects des divers rouages de l'organisation. L'appui de tout le personnel lui est essentiel. L'orientation n'est pas la tâche d'une personne, mais l'œuvre de tous; elle repose d'une part, sur le nouvel employé; d'autre part, sur celle qui l'oriente. La personne orientée aussi bien que celles qui participent à l'orientation ont une égale responsabilité. Le succès dépend de l'intérêt, de la compréhension et de la coopération de chacun en particulier et de tous.

Le plan d'orientation doit être formulé par écrit, sinon, on risque d'oublier des facteurs importants. Le plan général, préparé en collaboration avec le personnel concerné, doit être remis à chaque département et les personnes responsables pour l'orientation des nouvelles arrivées seront averties à l'avance afin qu'elles apportent leur contribution dans l'ensemble du programme. Des périodes d'orientation bien organisées constituent des mesures éducatives qui peuvent ensuite être suivies d'un programme régulier d'éducation, réalisé dans les cadres du service.

Conséquences d'une Bonne Orientation

L'orientation tire son importance des conséquences suivantes:

1. Le programme d'orientation permet à l'infirmière de bien commencer; ce qui lui assure plus de succès.
2. Il facilite l'adaptation rapide à son nouveau milieu de travail, par conséquent un service plus efficace pour le malade et une satisfaction personnelle plus grande pour l'infirmière.
3. Il pose les bases de bonnes relations humaines. La prise de contact entre l'infirmière et le personnel du milieu, est de prime importance pour leurs relations futures.
4. Il définit nettement les fonctions et permet d'éviter des chevauchements; ainsi, l'infirmière comprend mieux ce qu'on attend d'elle et ce qu'elle peut at-

tendre de l'institution.

5. Il fait connaitre les conditions de travail et donne les renseignements voulus, au sujet des services mis à la disposition du personnel.

6. Il donne une meilleure compréhension de la philosophie et des buts de l'institution.

7. Il encourage au perfectionnement technique, scientifique et humain.

Une infirmière diplômée satisfaite dans son travail est une puissance de recrutement pour la profession d'infirmière.

On ne doit pas considérer le programme d'orientation comme un surcroît dans l'horaire du service du nursing; bien au contraire, il doit être désiré et accepté comme essentiel dans la préparation de la nouvelle infirmière en vue d'un rendement efficace dès le début et d'une plus grande satisfaction personnelle dans le travail.

C'est pour cette raison que nous avons tenté d'élaborer un plan pratique d'orientation avec l'espoir que dans un avenir rapproché chacun fera sa part pour rendre nos infirmières heureuses et satisfaites, leur permettant de donner ainsi le meilleur soin aux malades . . . but ultime de l'hôpital et raison d'être de l'infirmière.

ICN Highlights

ICN headquarters has celebrated its first anniversary in its new premises at 1 Dean Trench Street, Westminster, London. Nearly 400 visitors representing 40 countries have been welcomed and assisted to date. In addition to this, all staff members are actively and very busily involved in final preparations for the meetings of the ICN in Rome. Miss Susan King-Hall who recently joined the staff as publications officer is preparing the program for the eleventh Quadrennial Congress as part of her duties. Nurses everywhere will be interested to know that an invitation has been extended to hold the Twelfth Quadrennial Congress in Australia in 1961. This invitation was received from the Royal Australian Nursing Federation and it will be the pleasant duty of those attending the Rome Conference to consider and vote upon it.

Members from ICN headquarters visit an impressive number of countries in the course of a year — either to give assistance or participate in conferences. It is of especial interest to note that Miss Bridges was present at the first nursing conference ever to be held in Iran. An invitation was also received from the Director of Health in Peru requesting a visit and advice on nursing organization.

Among the many important international conferences to be held in 1957, the Tenth World Health Assembly is to take place in May. Technical Discussions are to be centred about the "Role of the Hospital in the Public Health Program." World Health Day, celebrated each year on April 7, is being sponsored jointly in 1957 by WHO and the Food and Agricultural Organization. The theme will be "Food and Health."

During the past eight years, through collaboration with the International Refugee Organization, and later by taking over the I.R.O. Professional Register of Displaced Nurses, the ICN has aided in the establishment of a number of Hungarian nurses in other countries. Information has been supplied to registration authorities concerning the professional qualifications of these nurses and the status of their schools of nursing. Hungarian nurses who are presently experiencing personal or professional difficulties can avail themselves of similar assistance. —ICN NEWS LETTER *No. 54*

A study of dental surveys of school children by public health dentists in all provinces reveals a strikingly similar pattern. There is abundant evidence of a consistent increase in the amount of dental decay and an increasingly early onset of the disease. Less than five per cent of Canadian-born children at age 14 escape dental disease entirely.

Wynyard, Saskatchewan, believed the smallest urban centre in Canada to have adopted water fluoridation, installed its equipment during the summer months and has had it in operation since the middle of last August.

* * *

A long face and a broad mind are rarely found under the same hat.

How to See England Cheaply and Well

FLORA MORONEY

IN VIEW OF THE FACT that some of us will be going to Rome in a few months and will spend considerable sums of money there and on the European continent, the following remarks on how to see England for a reasonable sum may be especially welcome.

What to take or not to take needs serious consideration. Your wardrobe should pack into two suitcases with lots of room to spare. The larger suitcase should contain heavier and extra clothing for the Atlantic crossing. This can be left in England at any railway station for about three shillings a week. The other suitcase should be so light that you can carry it yourself wherever you go. Do *not* take a lot of warm clothes for you will fall in love with British woollens. There is a wonderful selection of sweaters and woollen dresses at a famous chain clothes store (Marks and Spencers) with branches in most towns. You will want to buy a plastic mackintosh with a hood which folds into a bag. This must be carried about with you everywhere. Do not take an umbrella — you will find it a nuisance — but take plastic overshoes.

English tailoring is good and you will be tempted by the quality of the fabric and the price. If you take your Canadian passport and have purchases sent to the ship or directly to your home address in Canada you will be exempted from a considerable sales tax.

If you plan this kind of a trip, write to the British Travel Association, 90 Adelaide St. West, Toronto. From them you will get much information and many pamphlets although they do not make bookings of any kind. Buy a special British railway ticket, second class, which is good for travel anywhere. This reduced rate rail ticket ($40.00 for 2000 miles) *must* be procured before you leave home. One covering 2000 miles will not be too much. Cornwall is 300 miles from London, Scotland about 400 miles. You will want to take the long journeys by train and the short sightseeing trips by bus. You can plan a flexible itinerary before you leave Canada with the help of one of the many books published on England. A delightful one is called Portrait of Britain and may be obtained free of charge from the British Travel Association.

British railways also run a large number of hotels built adjacent to railway stations of most towns. One can reserve a room in any of these from one town to the next. Supposing you wanted to see Cornwall and decided to make St. Ives your headquarters. You would leave London by Paddington Station which has a station hotel in the same building. Step into Paddington Railway hotel and book a room at the St. Ives hotel. You will arrive at St. Ives, thankful that your room is practically in the station.

Next morning you can set out to plan your next few days. First to the tourist information office which is run by the city corporation and is centrally situated. The hotel commissionaire will tell you where it is. Trained personnel will give you information about places of interest, such as historic castles, Roman remains and beauty spots in the surrounding countryside. Now go to the bus companies. They run day and half-day trips and you will be surprised at the low cost and how delightful the expeditions will turn out to be. The tourist bureau can give you addresses of inns, hotels or boarding houses. When you know how many days you are staying you can engage a room at half the price you pay at the station hotel. Check out of the hotel, asking them to reserve a room for you at your next stopping place at the same time. You

Miss Moroney, who is a faculty member in the School of Nursing, General and Marine Hospital, Owen Sound, Ont., has made many trips to Britain in the past few years.

would probably have made a rough plan of sequence of places you want to see before you leave Canada. Cathedral cities make good centres.

On arrival in England you will likely go to London by boat train. You could stay the night at the station hotel, probably Euston. Next morning make your way to Canada House in Trafalgar Square. This is a marvellous place for meeting other Canadians, for picking up mail and for leaving messages. The commissionaire will give you an underground map of London and an intriguing sightseeing map. He will direct you to the Bank of Montreal just around the corner, if you wish. It is just five minutes walk to 65 St. James St. Piccadilly, the headquarters of the Travel Association. Go over and see them; have a long chat and they will answer all your questions. Right now you will be mainly interested in what to see in London and where to stay. They will give you information on trips run by the London Transport. There are varied city tours available such as to Knole Park at Sevenoaks. Other companies offer river trips. One company on William IV street, near Charing Cross hospital, has tours to the ruined areas of the city or to see the Changing of the Guard or across the river to the site of the Globe Theatre of Shakespeare's day.

If you want to work in a few plays, choose a matinee; they are cheaper than an evening performance. Supposing you have a morning bus trip planned. Before you start out go down to the theatre of your choice and rent a sixpenny stool. The stool will queue for you while you are sightseeing and when you return, say at two o'clock, you are at the head of the queue. If you are anxious to see the stage clearly take opera glasses with you for this type of seat is in the upper circles. Incidentally those seats will cost around 50 cents! You can rent opera glasses in the theatre but they are not very strong ones.

British railways are dirty! Wear warm clothes that can easily be washed. You will find that passengers insist on the windows being open in spite of belching coal engines. When sightseeing in a bus, try and sit beside some person who looks and sounds as if she is a native. A great many English people spend holidays taking day or half-day trips. You will be rewarded with a fund of information, especially if you wear a maple leaf, but *you* must start the conversation. Do not let the rain get you down. It is surprising how quickly one gets used to it if properly clad.

To sum up, a cheap way of seeing England is by going with a friend and sharing hotel rooms. Stay the first night at a station hotel and use local bus trips to places of interest. Buy a special long distance rail ticket in Canada at a reduced rate. Use the local tourist information office and talk to as many people as possible. Allow yourself several days for each centre and reckon the cost of each day as around eight or nine dollars.

Write to Toronto soon. You will have fun planning and looking at brochures for many days.

Ten Cents per Capita

In 1,294 United States communities now using fluoridated water the cost averages 10 cents per person per year. The 26 million people in these towns are obtaining the benefits of this preventive for a total of $7 each in an average lifetime of 70 years. For the cost of filling a badly decayed tooth or for much less than the cost of replacing one lost tooth they are preventing the occurrence of a very sizable amount of tooth decay. The additional benefits derived through improved appearance, better health, fewer lost teeth, and improved dental function are equally important. — *California's Health.*

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Milk may eventually be stashed away in the family freezer along with the assortment of foods already kept there. Tests have shown that milk packaged and frozen in polyethylene bags can be stored for as long as 12 months. When melted down, it cannot be distinguished from fresh pasteurized milk. — *Scope Weekly*

Staff Education - A Cooperative Project

MARGARET HARRIS *and* EDNA PLEWES

A NEW DEPARTMENT was organized in the Calgary General Hospital in November, 1954. It had become apparent that segregation of the Eye, Ear, Nose, and Throat service was necessary, to provide a consistent number of beds available for patients with these conditions, and to allow for a coordinated teaching program for student nurses. One spur on the main floor was soon transformed into a compact unit comprised of fourteen adult beds and five children's cots.

After the ward had been in operation for some time, and routines were well established, the staff began to feel the need for a greater knowledge, and understanding of the principles involved in the nursing care of their patients. It was decided within the group that a planned program of in-service education would prove beneficial to all the members of the staff.

COOPERATIVE PLANNING

A questionnaire was compiled by the clinical teacher. Copies were circulated to all staff members to give each nurse an opportunity to choose the topics she wished to have included. All ward personnel then met in the apartment of the associate director of nursing, who is in charge of staff education for the entire Department of Nursing. Over a cup of tea, the aims of such a program were discussed. It was generally felt that a refresher course based upon the basic principles of anatomy and physiology, the nursing care of eye, ear, nose, and throat conditions, with special emphasis on the needs of the patient as a person, would assist the staff in administering a higher quality of patient care.

The all-important factor, *time,* was considered from the viewpoints of the leaders, participants, and ward coverage during conference periods. The members suggested various ways for effective subject presentation. It was agreed that lectures by staff doctors, combined with panel discussions by members of the nursing personnel, would prove worthwhile. The orthoptist associated with the department graciously consented to participate. The student nurses were most enthusiastic when asked if they would present a "skit." In an attempt to go beyond the walls of the hospital and into the community, a field trip to the Canadian National Institute for the Blind was considered. While there, it was hoped that the films, "Hold Back the Night," which deals with glaucoma, and "Our Eyes Have Busy Fingers," which reveals the many aspects of the activities of the Canadian National Institute for the Blind, might be viewed.

GETTING INTO ACTION

The head nurse consulted with the doctors. They approved the project wholeheartedly, and gave excellent cooperation in helping to put the program "over the top." The clinical teacher prepared an outline of subject matter, dates, and hours, after conferring with the discussion leaders involved. The lectures and panels were one hour in length, with two to four classes per week, held from 1:00-2:00 p.m. or 2:00-3:00 p.m. These continued for a period of four weeks.

The matter of attendance on days off, and on evening and night duty, was of vital importance. The nurses agreed to make the effort to participate in off-duty time. The head nurse endeavored to arrange the hours to distribute equally the number of times that it was necessary for a member to attend in other than her hours on duty. The program was planned for a time when the students were not taking lectures concurrently with clin-

Mrs. Harris is Clinical Instructor and Coordinator of the surgical specialties at the Calgary General Hospital, while Miss Plewes is assistant Head Nurse on the Eye, Ear, Nose, and Throat Ward.

Visual Acuity Test

ical experience. They were available to provide coverage on the ward, while graduate staff and nursing aides were in conference.

Program Highlights

1. The anatomy and physiology of the eye were reviewed, with special reference to day and night vision, peripheral and central visibn, visual fields and theories of color vision.

2. The principles of the Snellen chart and methods of taking visual acuity tests were discussed, as well as the basic optics involved in refractions and the use of the contact lens. This information has proven very helpful. Visual acuity tests are taken on most eye patients admitted to the ward, and patients often ask about the use of glasses, especially after having had a lens removed.

3. The causes, symptoms, and treatment of cataracts were presented, including a precise account of complications both during and following surgical removal. This allowed the staff to have a better appreciation of the principles of nursing care involved when caring for patients who have had intraocular surgery.

4. First aid treatment of burns and abrasions of the cornea and foreign bodies in the eye, treatment of penetrating wounds of the globe, sympathetic ophthalmia, corneal ulcers, and corneal transplants proved most interesting.

5. Iritis, iridocyclitis, uveitis, cortisone and foreign protein therapy were explained, with special emphasis upon nursing responsibilities.

6. The broad field of retinal detachment was touched upon briefly.

7. The orthoptist explained the functions of the extraocular muscles, strabismus, and the place of orthoptic procedures in helping to establish binocular vision.

8. The anatomy of the nose and paranasal sinuses, associated diseases and the more recent methods of treatment were reviewed.

9. The anatomy of the ear, conductive and perceptive deafness and newer theories regarding the physiology of hearing proved most intriguing.

10. The clinical teacher reviewed the objectives of the teaching program for student nurses in this area. She stressed the role of the professional nurse in contributing to the development of the student.

11. The student nurses supplied a bright note while "role playing." They demonstrated the admission of "Mrs. Jones, an elderly lady with failing eyesight." The necessity of friendly interest and adequate explanation of hospital routines, procedures, and regulations, was effectively stressed. The emotional factors involved when the visually handicapped geriatric patient is in a strange environment were brought out clearly.

12. Two panel discussions were held by members of the staff. The first question discussed was, "Are we meeting the emotional, physical, and spiritual needs of our patients?" No conclusions were reached. However, it was felt by the group that in highly specialized areas the emphasis is often placed on the specialty rather than on the total needs of the patient. This is not desirable and should be avoided.

"The nurse's role in the prevention of deafness," was the second panel topic. This included nursing care in diseases of the ear, conservation of hearing programs carried out by industrial nurses, and a review of the teaching methods and achievements of schools for deaf children. The group felt that following this panel they were much more familiar with public health aspects, and the social significance involved in deafness.

Time during the course did not permit the field trip to the Canadian National Institute for the Blind. The graduates have since accompanied the student nurses who make such a visit during their basic clinical experience. They have found this most worthwhile, as the social service worker gave generously of her time and contributed a great deal

of information regarding the functions of the organization. The films were of practical interest to all.

Conclusion

It has been recommended by all concerned that such a program be conducted yearly, in order that more subjects relating to this specific service may be reviewed. It was realized that the surface had only been touched, but that interest had been stimulated, and it was hoped that continued study and growth would follow. All sessions were well attended. At the conclusion of the program it was evident that a much broader picture of nursing responsibilities in this area had been portrayed. Staff education, if organized cooperatively, is a means of providing better informed nurses.

Mother and Baby Care

The Clinical Supervisor's Plan

Marion Featherstone

Our mother and baby care program is a modified type of the rooming-in care of mother and baby. The student nurse is entirely responsible, under supervision, for all of the care of an assigned group of mothers and their babies from the time of delivery until they leave the hospital.

The objectives of this type of care are: to provide a guide to better health and happiness for the mother and her baby by teaching, through example, conferences, and demonstrations; to assist the student to develop the knowledge and skills necessary for adequate nursing care of mother and baby; to develop an awareness of the nurses' role in teaching health principles, and her responsibility toward meeting the needs of the mother and baby.

This plan of nursing service includes, not only nursing care, but also teaching the mother the care of herself and baby in the hospital. Methods of home care may be suggested as opportunities arise. The clinical supervisor dicusses this type of nursing care with the student, after she has had instruction and experience in the postpartum unit and nursery. The student makes out a nursing care plan for three mothers and their babies, and a teaching outline to cover five days. These plans are discussed and revised as necessary. Patient and student find this a very satisfying arrangement and knowledge is acquired by both. The student thus teaches her patient and is provided with a learning experience.

Miss Featherstone is clinical supervisor in the obstetrical department of the General Hospital, Guelph, Ontario.

The Student's Program

Yvonne McEnery

When I first came to the Obstetrical Department, I heard rumors of some new plan for teaching students. I had no idea then what it was, but I heard some interesting comments. "It can't be done." "Our nursery technique, what will happen to it?" "Who

Miss McEnery is a student at the General Hospital, Guelph, Ontario.

will give the narcotics?" "Who will go with the doctors?" "When will the babies be bathed?" "When will the mothers be bathed?" I didn't know how or when these things could be done, but I did know that very few had much hope for the plan's survival. All the students who had their obstetrical experience were glad they had had it earlier; all the ones that were coming in the future were glad they were not on 4th floor now. Even the staff could see no bright future for this student experiment.

In two weeks, I left the case room to spend a week on postpartum care where I was introduced to such things as perineal care, lamps, after-pains, and engorged breasts. The next week the nursery staff led me through their experience program.

Towards the end of my nursery week, I drew up two programs for the "Mother and Baby Care." One was "What to do" the other "When to do." My "What to do" — the more important — contained my teaching plans, which I hoped would help the mother to successfully launch her baby on a healthful beginning, minus fear, and with at least a knowledge of the essential facts of baby care, not forgetting good postpartum care for the mother either.

My duties for each day concerned the complete care of both mother and baby, including everything from medications, treatments, diets, charts, cleaning of equipment used, and making rounds with the doctors, to discharging my patients, to say nothing of my teaching plan. Each day, I gave a report to the head nursery nurse and head floor nurse. Usually I had about two free hours a day during which I studied or had a conference with my obstetrical supervisor.

A teacher must know her subject well to be able to teach well, and so we students had to learn before we could teach the mothers and go on learning as new questions developed.

What do the patients think of Mother and Baby Care? I have had about a dozen patients on this care and I do know that everyone of them thoroughly enjoyed it. They liked to be kept posted on their baby's progress. They like asking questions, taking part in discussions or learning new ideas and reasons why some things happen the way they do. Even the graduate nurses seem to find something to "brush up" on.

To the students, Mother and Baby Care offers the opportunity for total patient care, for teaching, for individually. If the baby is ill, it is the student, not the nursery staff, who reports it to the doctor, gives the medicine and watches for results. The same thing applies when complications arise with the mother.

As for teaching, our high school principal used to tell us that when you learn something new, the best way to solidify that knowledge, is to teach it to someone else. I believe her!

Frequently with a new plan, there is too much adverse comment and too little encouragement, but if that plan is sound, it will be destined for a future. I think "Mother and Baby Care" has a future.

Professional Fellowship in Gerontology

The Eastern Canada Region (Ontario and Quebec) of the American Federation of Soroptimist Clubs announce the availability of a Professional Fellowship in Gerontology valued at $2,500.

This fellowship is open to any woman, holding a degree from a Canadian University, who is not more than 35 years of age at the time of award and whose domicile is in Canada. The proposed place and plan of study must be approved by the Fellowship Committee. The award will be based on evidence of character, intellectual achievement, and promise. Preference will be given to candidates who have completed one or more years professional work and who desire to spend at least a year at an accredited University Graduate School to obtain a Master's degree in Nursing, Nutrition or Social Work, in the area of gerontology.

Application forms and further details of this fellowship may be obtained from the Chairman of the Fellowship Committee: Miss Barbara A. McLaren, 157 Bloor Street West, Toronto 5, Ontario.

The Student Nurse in the Community

YVONNE HENTSCH

WHAT IS THE PLACE occupied in the community today by the student nurse who, everyone agrees, when she becomes a nurse, is indispensable to the health machinery of a country?

Throughout the centuries there have always been within the human community men or women to take care of their fellow beings who were ill. Whether such care was mercenary or charitable, we will not attempt to judge its value nor in how far it met the needs of the times. It is interesting however to note that the idea of giving these people a training, thereby raising the level of their care to mastery or to a profession, only dates back to a little less than a hundred years ago. Indeed the first nursing school worthy of its title was opened in Lausanne in 1859, followed a year later by that of Florence Nightingale in London, whose example has been taken up from one end of the world to another, and whose basic principles are still valid.

These principles, which time, and experience during this last century have sharpened and clarified, may be briefly stated as follows:

> To train a nurse means to educate her, that is to say to develop her physical, intellectual and moral qualities with a view to enabling her to fulfil the role of a nurse within the community to the very best of her ability. The education of nurses aims at training selected members of the community to become one of the important elements in its health program. Thus such training must be adapted to the community's needs.

The community entrusts the education of its nurses to schools of nursing. The role of these schools is to be "on the alert," to perceive the needs of the community and constantly adapt their programs to meet them as they arise.

Although the said schools, as educational institutions, alone are in a position to decide on the program which is best fitted to train the nurses required by the community, it is on the other hand for the community to ensure that these schools have the necessary means to carry out their educational task.

Education, in any sphere, conforms to universal laws. Hence nursing education must be based on recognized educational principles.

Let us consider, then, what has happened to the student nurse since she made her appearance a little less than a century ago. How was she received? What place has she made for herself?

THE COMMUNITY'S ATTITUDE

Man is afraid of things of which he knows little. It was therefore natural that people who up till then had only been familiar with untrained nursing staff were at first suspicious of these nurses who apparently were to be *trained* for their task. Little by little, however, the direct beneficiaries of the service of trained nurses, in particular the medical corps and the hospital establishments, recognized the value of these new auxiliaries. They even became enthusiastic to the extent that they started to train them themselves and this was how training programs for nurses began to develop in a large number of countries in private and state institutions, religious and lay. In the course of time, however, it became apparent that these institutions, whose main purpose was the care of patients, were unable, in the great majority of cases, to carry out the other aim they had set themselves: the education of nurses. For service reasons, which are easy to understand from the humanitarian viewpoint, the education of the nurses, with a few exceptions, was relegated to second place.

The community, despite the fact that it had every reason to want those of its members who devoted themselves

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This is a condensation of the inaugural address delivered at the Swiss Red Cross-recognized School of Nursing, "Le Bon Secours," Geneva, Switzerland, by Miss Hentsch, Director of the Nursing Bureau, League of Red Cross Societies. Reprinted from *The Red Cross World*.

to caring for others to be well trained, manifested little or no interest in the matter. It allowed this state of affairs to continue. Little by little the nurses themselves, realizing that nursing as a profession was losing ground and that they were not in a position to meet the demands of the community, strove to ensure that their training should be given in real schools, the main aim of which would be education. In all justice it should be added that their efforts are being increasingly supported by the community, which is now alarmed by the shortage of nurses.

To my mind there is no doubt that if the community is to benefit adequately from enlightened nursing care, it must ensure adequate education for nurses in the same way as it does for members of other professions recognized to be indispensable to the life of the community. To achieve this it must contribute its interest and support to schools of nursing which, whatever may be the source of their income (private or state, religious or lay), are institutions with an educational aim. It is by giving these schools the means to educate nurses on the basis of recognized educational principles, yet without losing sight of their ultimate goal that the community will best ensure the kind of service it needs. It is only fair to say that an effort is being made almost everywhere to give student nurses a real students' status, that is, not to assign to them a greater amount of nursing duties than is consistent with the acquiring of proficiency. This is an encouraging tendency.

Attitude of the Student Nurses

I now come to the student nurse herself. In a world which in turn rejected her because it did not yet understand her, then overwhelmed her because it saw in her additional arms and legs and willingness to take on the exacting work necessitated in the care of patients, the student nurse has only been able to accept the situation given to her. Those who did not accept it, dropped out of training, and that has often been a loss to the community.

Now that there is a tendency to relieve the student nurse of duties for which she is not yet prepared, and to require her to concentrate on her studies so that subsequently she may serve the community better and more intelligently, what should be the attitude of a student? It would seem that above all she is under the obligation to use this period of study as an opportunity for self-enrichment and development; in a word, to prepare herself better than her predecessors were able to do.

Another educational principle states that "pupils only learn what they are ready to learn." If the community is little by little realizing what duties it has and is trying to fulfil them, student nurses have corresponding duties towards the community. The first of these is to be ready to give themselves up entirely to their studies, to take an active part in their education, trying profoundly to understand its aim and scope.

A school is not only a building, a teaching staff, a series of courses, it is above all a group of students. They are there to learn, it is true, but also to give, the learning process being a two-way process.

It would also seem that the student nurse today is under the obligation to endeavor to be more understanding of the community she desires to serve and the place she is to occupy therein as a professional nurse. It is education for service that is the aim in entering the school of nursing. It would therefore seem obvious that the more knowledge she gathers on the why and how of such service, the better she will understand its reason and its aims, and the better she will be able to perform it usefully and intelligently when the time comes.

Here I see a possible pitfall, however, or at least a danger. The service she is preparing herself to fulfil requires more than technical or intellectual knowledge. Its central object is the human being. This means that to carry it out she must have kindliness, she must be compassionate and responsive. And this is where I see a danger. In the enthusiasm of intellectual research and theoretical study, one can lose sight of the individual, who is the real object of such studies, and come to see only one's own development, one's own interest. To go on from this point to say that scientific studies kill the spirit of service in which we would

all like to see the nurse enter on her task, there is only a step, but is it necessary to take it? A better prepared person is expected to give better service. The responsibility of the student nurse of today is to prove to the world that this is so. During the years of study she will have fewer opportunities than her predecessors had to perform nursing duties, but if this is true, it is only in order to be able to ask more from her when she has gained her diploma. This "more" that will be required of the nurse of tomorrow is to have a better understanding of her role; to assist in a more satisfactory division of responsibilities; to take the place which she alone can occupy in the health team — because she has been more fully trained.

Just another word regarding this training. Qualities of the heart such as kindliness, responsiveness, altruism need to be cultivated. If the responsibilities hitherto entrusted to student nurses towards patients are being reduced today for educational reasons, it is because it is considered that there are other ways of cultivating these essential qualities of the heart. To quote St. Exupéry. "One only sees well with the heart."

Student nurses are therefore asked to find in their school, in their neighborhood, in one word: in the community to which they belong — opportunities for developing their qualities of devotion, self-sacrifice and mutual understanding. Thus in one school of nursing the students formed a group which was to be "god-mother" to a child in need; in another they organized an annual collection for the Red Cross. In another still, students collected and made clothing for the victims of the Korean war. These activities have nothing to do with the school — they are carried on outside school hours. They have everything to do with the development of the qualities of heart of the students in question. This type of local, national or international activity serves a twofold aim: that of developing the humane qualities which the nurse needs in her task, and the no less important aim of establishing a link between the community and the student nurse which, if it is created during the school period, will be more likely maintained afterwards. This can but make the nurse's work more fruitful, and more satisfactory for her too.

Need it be added that the school neither wishes to nor can impose such activities upon students. Indeed, they can only bear fruit if they represent a voluntary effort, a realization by the student nurse herself of the responsibilities she has chosen to assume both towards the school, which is the instrument that the community places at her disposal to facilitate her training, and towards the community which relies on her to contribute to the physical, mental and social well-being of all its members.

Responsibilty is the watchword which the retiring President of the International Council of Nurses gave in 1953 to the nurses all over the world, for the four following years. This watchword belongs likewise to the student nurses who today have the responsibilty of preparing themselves to become the much needed professional nurses of tomorrow.

DIRECTOR OF PILOT PROJECT

The Canadian Nurses' Association invites applications for position of Director of Pilot Project on Evaluation of Schools of Nursing.

Applicant must have advanced preparation in Nursing Education & experience in the Nursing Service field as well as Nursing Education.

Salary will be determined on basis of preparation & experience.

APPLY IN WRITING: NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, 270 LAURIER AVE., WEST, OTTAWA, ONTARIO.

Nursing Profiles

Mary Earnshaw is now nursing consultant in maternal and child health with the Child Health Division of the Saskatchewan Department of Public Health. This is a posting for which she is particularly well fitted since her major interest when studying for her Master of Public Health degree at Harvard University School of Public Health was in this field.

It was a war that started Miss Earnshaw on her career in nursing. A successful elementary school teacher for many years, she turned to a new profession in 1941 when she entered the school of nursing of the Winnipeg General Hospital. Soon after graduation she joined the R.C.A.M.C. Following her discharge from the forces in 1946, Miss Earnshaw enrolled in the school of nursing of the University of British Columbia where she earned her B.A.Sc. (Nursing). Her native province of Saskatchewan attracted her and she undertook public health nursing in a rural district later serving as senior nurse in the Regina Rural Health Region. She received her degree from Harvard last year.

(West's Studio, Regina)

MARY EARNSHAW

Dorothy Rebecca Colquhoun is director of the school of nursing of Metropolitan General Hospital, Windsor, Ontario, where a new two-year program of student nurse education is operating. Born in Hamilton, Ont., Miss Colquhoun graduated in nursing from The Montreal General Hospital, in teaching and supervision from the McGill School for Graduate Nurses and with her Bachelor of Arts degree from McGill. For two years she served on the staff of the Victorian Order of Nurses in Montreal then went to Victoria, B.C., as senior instructor at Royal Jubilee Hospital. She resigned from that position to join the R.C.A.M.C. in 1943 and served in England, Belgium and Germany. Miss Colquhoun is president of the Windsor Unit of the Nursing Sisters' Association of Canada.

In 1949, Miss Colquhoun became director of nursing of the Port Arthur General Hospital. She taught in the University of Alberta School of Nursing for a year before assuming her present position in 1953. She takes a lively interest in the activities of the Windsor-Essex Chapter of the R.N.A.O. and is a member of the sub-committee on examinations of the provincial association. She is a vice-president of Zonta Club of Windsor, enjoys "whodunits," dabbles at oil painting and revels in her fine collection of Hi-Fi records.

DOROTHY R. COLQUHOUN

Mary Catherine Shaver has joined the staff of Essex College, Assumption University of Windsor, as instructor in public health nursing. The new course will be inaugurated next September. A graduate of St. Michael's Hospital, Toronto, Miss Shaver received her Bachelor of Science in Nursing degree from the University of Ottawa. She also holds her certificate in public health nursing from the University of Toronto School of Nursing, in nursing education from the University of Ottawa.

Following two years on the staff of St. Elizabeth Visiting Nurses Association in Toronto, Miss Shaver returned to St. Michael's Hospital as student health supervisor. Latterly, she has been clinical instructor in the obstetrics department at the Ottawa General Hospital.

(Windsor Daily Star)

MARY CATHERINE SHAVER

Priscilla Campbell who went to Public General Hospital, Chatham, Ont., as superintendent of nurses in 1922, later becoming the administrator there, has retired. Well known across Canada for her activities as a member of the Dominion Council of Health, Miss Campbell has served as president of the Ontario Hospital Association, as a member of the American College of Hospital Administrators, as president of District I of the Registered Nurses' Association of Ontario, and as president of the Nursing Council of Ontario. During her 35 years in Chatham she has assisted with six building programs that have transformed her beloved Public General into one of the most modern and well equipped hospitals in southwestern Ontario.

Miss Campbell has never allowed her talents for leadership to lie fallow. Years before there were organized programs for student nurse recruitment, she had arranged for well written announcements in a local newspaper that, appearing regularly, kept her townsfolk and people in surrounding areas informed of the developments at the hospital, of the opportunities for young women who would train in nursing, of the need for a continuing flow of students. Always ready and willing to speak about her professional activities, Miss Campbell has given hundreds of adresses over the years.

A graduate of Royal Victoria Hospital, Barrie, Ont., Miss Campbell plans to reside in Chatham.

PRISCILLA CAMPBELL

Marjorie E. Gow has retired after 31 years of wholehearted service at the Baker Memorial Sanatorium, near Calgary, Alta. Born in Toronto, Miss Gow spent her early life in Saskatchewan. A graduate of Calgary General Hospital in 1923, she joined the Central Alberta Sanatorium, as it was then called, as a general duty nurse. In 1930 she became assistant superintendent of nurses, assuming the superintendency in 1952.

To honor Miss Gow a staff presentation of a Hi-Fi record player was made at a farewell tea. At an evening gathering, grateful patients presented her with a gift of records.

Muriel E. McRae, a graduate of Royal Victoria Hospital, Montreal, who has been assistant superintendent of nurses for the past five years, has become the new superintendent.

At least one member in every household should have first aid training. Few homes never experience accidents and it is a good thing to have someone around who knows what to do in case of injury or sudden illness. — Dept. of National Health & Welfare.

No occupation is without its hazards to physical of mental health. Advertising men, it is said, have their stomach ulcers, fishermen have rheumatism, store clerks get fallen arches. Silicosis is traditional to miners and housemaids are prone to bursitic knees. — Fergus Cronin.

RESEARCH

A Parent Teacher Association in a School of Nursing

"MISS JONES will not be on duty today," announced the health nurse. "She says she feels so tired that she simply cannot face a day's work."

"But why?" asked the clinical supervisor. "After all, she has just had two days off!"

Each year schools of nursing welcome their quota of eager teen-agers and for the succeeding three years assume, in large measure, the responsibilities of parental care in developing mature, well-balanced young women. The problem of the "overtired" student, the girl with personality difficulties, the questions of discipline, of late leaves, of supervision of free time — these and similar issues come to haunt the thoughts of the busy director of nursing or of nursing education.

How best to deal with such situations? Faced with this particular problem, the staff of one school of nursing in Ontario has come up with a possible solution — probably the most unique one in the history of Canadian schools of nursing at least. They have called in a panel of experts in parental care to help them arrive at the answers to some of their problems in assisting their teenage charges to reach maturity. The experts are the parents of the students. P.T.A. in a school of nursing!

Sister Margaret Mooney and her staff of instructors of the St. Joseph's School of Nursing, Hotel Dieu Hospital, Kingston, are the originators of the scheme. Accepting their role as proxy parents in the moulding of the characters of their young charges and concerned with two facets of the nursing education picture, in particular — the use of free time and personality problems — they conceived this approach to bridging the gap between home and school. Invitations were sent out to the parents and guardians of the girls enrolled in the school. A copy of the rules and regulations of the school was enclosed and parents were asked to come to a meeting with the instructor staff. Forty-one parents or guardians attended this first session with 10 members of the faculty.

In her introductory remarks, Sister Margaret Mooney acknowledged the responsibility of the school in the development of character and emphasized the importance of coordination and understanding between home and school. She briefly outlined the particular problems of concern to herself and her staff in discharging their responsibility. The modern school of nursing is characterized by greatly increased free time and a comparatively non-restrictive atmosphere in the use of that time. Yet it must be remembered that the recipients of these benefits are still immature, physically and psychologically, and need the discipline and advice that would be forthcoming in their own homes. Otherwise, the school must contend with the problem of the girl who is "overtired" because she is bored and lacks mental stimulation, because she indulges in a too strenuous social whirl and sacrifices rest and sleep, because she shirks adequate physical exercise out of doors. Granted that afternoon shift work can be more fatiguing than morning or night duty, it can not as a general rule be said that students are "overtired" because they are overworked. It would seem most necessary then that methods to assist students use their free time con-

structively should be worked out.

Every school of nursing staff faces, many times, the uncomfortable problem of dealing with the student who does not adjust well and who is obviously not good nursing material. Every director of nursing has had to accept as best she can the unpleasant consequences of trying to prove to indignant parents that their daughter is not suited to this field. Certainly close cooperation between home and school is most essential in trying to reach a satisfactory solution to this situation. What is the most just and face-saving method for both the student and the school?

Parents and instructors formed two discussion groups — with representatives of the faculty acting as the resource persons in each group and interpreting the functions and activities of the school.

GROUP I

Topic: Use of free time

Suggested areas for discussion:

1. Late leaves and overnight leaves
2. Steady boy friends
3. Long engagements
4. "Overtiredness"
5. How to stimulate interest in sports, good reading.

GROUP II

Topic: Personality problems.

Suggested areas for discussion:

1. How — or is it possible — to recognize potential personality problems *before* a student is admitted?
2. How long must we try to guide them into acceptable modes of behavior?
3. Are we morally bound to "work on them indefinitely?"
4. Is it more just to the student, to the parents and to society in general to ask the student to withdraw ***when*** we find she is unsuitable in nursing?

As a measure of the success of this first meeting — in addition to some specific suggestions, the following recommendations arose:

That a similar meeting should be held annually.

That a semi-annual progress report on each student should be sent to her parents or guardian.

Probably the most important outcome of the interchange of ideas was the realization by the parents that the primary objective of the school of nursing is to graduate well-balanced, mature Christian women who are also good nurses. It was felt that if the primary objective was attained, the secondary one would invariably follow.

The long-term outcome of this unique attempt to solve some of the problems of a school of nursing will be of interest to everyone in the nursing education field.

Résumé

L'infirmière, chargée du service de santé des étudiantes, prévient l'hospitalière que Mlle X. n'ira pas en service "elle est trop fatiguée." "Mais comment cela," de répondre l'hospitalière, "elle qui vient d'avoir deux jours de congé."

Ce problème qui se présente souvent dans les écoles d'infirmières est étudié par le personnel de l'Ecole de l'Hôtel-Dieu de Kingston. Comme substitut des parents pendant trois ans, l'école reconnait qu'elle a un rôle important à jouer auprès des jeunes filles qui lui sont confiées, afin de développer chez-elles les qualités qui leur donneront une maturité véritable et un bon équilibre.

La fatigue excessive due à des problèmes personnels, la question des veillées, la surveillance des loisirs sont la préoccupation de toutes les directrices.

La directice de l'Ecole de l'Hôtel-Dieu de Kingston a donc invité les parents des élèves à participer, avec la Faculté de l'école, à une discussion ouverte dont le sujet était: "Comment aider nos jeunes filles à devenir adultes."

Quarante et une personnes ont répondu à l'invitation; la directrice exposa comme suit le sujet à traiter:

La responsabilité de l'école d'infirmières; le rôle conjoint de la famille et de l'école dans la formation de la jeune fille; la bonne entente qui doit exister entre les deux; les heures de loisirs de plus en plus nombreuses accordées dans les écoles d'infirmières; les jeunes filles admises à un âge auquel beaucoup n'ont pas atteint la maturité physique et psychologique; nécessité de la discipline à l'école et des bons conseils dans la famille.

Après cet exposé, deux groupes, comprenant parents et membres de la faculté, se formèrent. Le Groupe No. I étudia: L'emploi des loisirs — congés de veillée et de nuit, fréquentations, fiançailles, fatique excessive, sports, bonnes lectures.

Le Groupe No. II: Comment peut-on

reconnaître les problèmes pouvant originer de la personnalité même de la candidate, avant son admission — est-il possible de le faire? Pendant combien de temps devons-nous essayer de guider l'élève dont nous voulons obtenir un comportement désirable? Sommes-nous justes envers l'élève, les parents, la société en priant l'élève de quitter l'école *au moment* où *nous trouvons* qu'elle n'est pas apte à devenir infirmière?

Les parents, très intéressés à ce genre de discussion ont demandé à revenir annuellement discuter des problèmes de leurs jeunes filles, désirant ainsi contribuer à la réalisation du but ultime de l'école: diplômer des jeunes filles, adultes, bien équilibrées et aussi bonnes chrétiennes qu'infirmières accomplies.

An Analysis of Hospital Experience

Student Nurses in Schools of Nursing in Ontario

"SINCE 1873, when the training of nurses began in Ontario, student nurses have provided the major portion of the nursing care in many public general hospitals . . . Although a good practice field where the student can learn bedside nursing is essential, it must be decided at what point this privilege may become detrimental to the student's learning experience, either because of added responsibilities, or because of the limited scope of that experience."

With a view to determining present standards of practice for student nurses in Ontario, the Council of Nursing requested the Nursing Branch of the Department of Health to undertake a study of hospital experience for students in Schools of Nursing in Ontario. The Council of Nursing, a statutory body under the Nursing Act, advises the Minister of Health on the administration of the provisions of the Act and Regulations. The members of the Council felt the need to familiarize themselves with conditions in the clinical practice field and to establish criteria for it.

The results of this survey are contained in a detailed statistical report based on three main indices.

Index I — Average hours of *nursing care* per patient.

Index II — Percentage of total hours of *nursing service* contributed by each of the four types of nursing personnel (supervisory staff, general staff, student nurses and auxiliary staff.)

Index III — Percentage of *nursing care* contributed by student nurses.

The fifty-nine hospitals in which students are supplying part of the nursing service to patients were used. The large majority were public general hospitals but a special children's hospital, mental hospitals and university schools of nursing were also included. The hospitals were grouped according to their total bed capacity.

Group 1 — under 100 beds
Group 2 — 100-299 beds
Group 3 — 300-499 beds
Group 4 — 500 beds and over

Because such a small percentage of students were enrolled in Group 1 hospitals, computation of the indices for them were not included in the final report. This study, however, pertains to students in all schools of nursing.

"Nursing service" was defined as all hours spent on the wards by supervisory and general staff, student nurses and auxiliary staff. Computation of this index showed interesting results. "Nursing care" referred to the hours of actual bedside nursing care provided by graduate and student staff and auxiliary staff. It excluded the time given by supervisory staff to administration, teaching, and clinical supervision.

Public wards tended to have more student nurses and fewer general staff nurses than all medical and surgical wards combined during all three periods of duty. It was not felt that this difference had any statistical significance, nor that it indicated any real difference, in nursing service between public and

mixed accommodation. The proportion of nursing service contributed by supervisory staff and by auxiliary staff was essentially the same for all types of accommodation on medical and surgical wards.

Supervisory and general staff gave higher proportions of nursing service on obstetrical wards than on the other major services in public general hospitals. More than one-half of all the nursing service on the obstetrical ward was provided by graduate staff.

Although several factors contributed to limitation of the data, the statistical facts assembled will provide much of interest to those concerned with nursing education and the establishment of desirable criteria. The following are some of the observations which were derived from consideration of the completed and compiled data.

In surgical, medical and pediatric wards patients receive approximately 3.4 hours of nursing care in 24 hours. Slightly more than one-third of this care is given by student nurses.

Obstetrical patients in general hospitals receive an average of 3.1 hours of nursing care in 24 hours. Student nurses contribute about one-quarter of this.

Newborn infants who average 2.5 hours of care in 24 hours had a high proportion of their care given by student nurses during the day period.

Supervisory staff give higher percentages of nursing service in nurseries, obstetrical wards and pediatric wards.

The proportion of supervisory hours to all hours of nursing service is greatest during the day period of duty. More specifically, the questionnaires revealed:

The inadequate amount or lack of supervision provided for students for the evening and night periods of duty.

The relatively controlled assignment of staff and students in the obstetrical departments as compared to the concentration of students in the medical and surgical wards of the hospital.

The frequent interruptions of the students' day for classes.

The amount of "overtime" contributed by both supervisory staff and student nurses.

Copies of the Report bearing the same title as this article, are available on request from the Nursing Branch of the Ontario Department of Health. The analysis offered will have meaning for all who are interested in basic nursing education.

Why I Would Like to be a Nurse

I would like to be a nurse because I can help people when they are sick so they won't die. I like to take care of them after they are operated on, to care for babies and care for children too.

You have a vacation sometimes. I like the nurses' uniform. I think the nurses look very spry. There are some other things to do when you are a nurse. — An 8-year-old Cape Breton Island school girl.

A new hormone with 12 to 18 times the potency of cortisone and hydrocortisone in fighting inflammatory diseases such as arthritis has been developed. The chief side effects have been removed adding to the value of the drug. In particular, the ability to cause retention of salt and water in the body has been overcome. The high potency of the new hormone may be due to the fact that it is resistant to attack from liver enzymes.

The nurses' notes in a patient's chart may be likened to the log of a ship at sea, telling of progress each day, periods of rough going, etc. The discharge note tells of the safe arrival in harbor.

The doctors' notes usually look as though they were written during stormy weather!

* * *

A philosopher is usually the fellow who says the things which others are thinking but cannot themselves express.

A Pilot Study in Modern Israel

ETTA M. GOULD

THE TINY COUNTRY of Israel is only about one-third the size of Nova Scotia. Since it became a sovereign state in 1948, it has been receiving, daily, masses of immigrants from all parts of the world who have been eager to become its citizens. With such an influx, Israel has more polyglot cultures per square mile than any other place in the world. While most of the populace have a common religion, they are distinctly foreign to each other. The people from the Arab lands are first and foremost Arab in thought and mode of living; those from Persia are dyed-in-the-wool Persians; others from such places as Morocco, Yemen, England, France, Australia, the Americas, Syria, Iraq and South Africa have characteristics consistent with the countries of their birth.

When these newcomers poured into the country many of them brought with them diseases associated with malnutrition, deprivation, and poor sanitation. They became, at once, not only a problem for the public health authorities, but for the government as well, because the sick were invariably indigent and could not become productive citizens in this country that needed manpower so desperately. So the Israeli government collaborated closely with public health agencies to set up such health programs as would solve their special problems within the shortest period of time.

Such quick introduction of expanded health projects brought with it positive changes and opportunity for growth that are unique in public health history. Perhaps one of the biggest advantages in this new undertaking is that Israel is not hampered by precedents. The entire field is brand new, and there is no "old guard" to contend with. The government is anxious and helpful to promote progressive methods whenever possible and does much to attract experts from other countries to work there. In such a permissive atmosphere ample opportunity is provided for new and interesting pilot studies.

The challenges that medical personnel find in Israel are different from any other part of the world mainly because of the diversified anthropo-sociological picture. For hundreds of years the land had lain fallow with farming a casual affair. Until recently there had been a high infant and maternal mortality rate, but within a few years all of this has changed dramatically. Today, Israel has one of the world's lowest infant and maternal mortality rates and, with scientific methods of land reclamation, is providing a better diet for its inhabitants as well as contributing towards economic and democratic gains.

There is a pilot study taking place in a new community called Beit Mazmil that is attracting world-wide attention. It demonstrates an example of how idealistic principles of public health can bud into enthusiastic reality. Everything here has a fresh start. Every person in a key position has had years of experience behind him and comes from a foreign country where public health has previously taken root. (There are several Americans in this group.) Here the "team concept" is an integral part of the program and each member contributes not only of himself, but also expresses the philosophy of the country that trained him.

Beit Mazmil, or Kiryat Hayovel, to call it by its newer name, is situated within the municipal boundary of Jerusalem at the end of the bus line in the famous Jerusalem corridor. The staff consists of seven nurses, six doctors, one anthropologist, one social worker, one clinical pathologist, one psychologist, a laboratory technician and a part-time physiotherapist whose main occupation is to teach the "childbirth without fear" classes. Each of the nursing staff, headed by a chief nurse, carries a case load of 150 families. The doctors

Miss Gould, an active public health nurse, observed this project in operation during an extended tour of Israel.

are all general practitioners who prefer to treat their patients in a total physical and psychological sense and only refer them to specialists as the needs of consultation and hospitalization arise. The ultimate aim is to base the staff on a ratio of one doctor to two nurses.

Fourteen hundred families from more than 40 different countries are being served by this community health center. Their dates of Israeli citizenship range anywhere from a few weeks to many years. One can well imagine the challenges that are to be found here in discovering a common point of view. Even though the center serves the community therapeutically, with clinics to meet its needs, the main purpose is to prevent ill health and promote healthful living through education and example. The individual is treated only on a family basis, and therefore the entire family becomes the unit to be considered.

In many ways this program has anachronistic problems. On the one hand there is the educated patient with professional status, and on the other, the individual whose cultural standards are so primitive as to date back at least a thousand years. Many of the latter type have needed actual guidance in how to live in homes where modern sanitation is provided; how to sit on chairs instead of squatting on the ground; how to use eating utensils instead of gathering in groups on the floor at meal-time and eating out of the family pot with their fingers.

Even in religion there are variances as to accepted rituals. The more modern Jew has adopted flexible attitudes which free him from crippling influences of taboos. The Oriental, however, still clings to the past which fills his life with unwarranted fears and superstitions.

Superstitions rank high here. It is the task of the public health nurse and doctor to help the patient meet the pressure of taboos and ingrained cultural practices so that he may develop a belief in himself and adopt the forms of a western democratic way of life.

In this respect, the anthropologist has been invaluable in his guidance of the staff. He has indicated that the best way to handle the problem is to

JUDEA — outside Jerusalem

ascertain the patients' attitudes, opinions and felt needs. This information, coupled with his explanations of the patients' mores and folkways, has helped the staff to approach their teaching in a friendly manner instead of in a direct and moralizing way, which more often than not is resisted and thus ineffective.

Many of these superstitions have been startling. A female baby who is suffering from anorexia, for example, is "best" treated if bathed in the collected urine from the female members of her family. A common prescription for almost any malady is to go to one's favorite Rabbi and have him write a prayer on a piece of paper. The paper is then boiled in water and the patient is given the brew to drink. In Arab countries the populace follows the same practice. The prescription is written in the language of the Koran which brings out "mystical powers of healing." The "Evil Eye" is greatly feared among Oriental Jewry and almost all of the children wear a blue amulet to "repel its power."

Polygamy among the newly arrived Orientals was not uncommon and presented puzzling problems. How could this new country that these immigrants had dreamed about for so many generations and striven so hard to enter, suddenly impose different marital codes upon them when their ancestors had lived this way for centuries? If their type of family unit was dissolved who would undertake to support the children? How could the husband select one wife fairly and abandon the others? Where would these deserted wives go and what would be their rightful status?

One can well imagine the difficulty created not only among the wives but also within the government itself which

A mother from Morocco

frowns upon polygamy. These people fully expected to continue to live by their former patterns once they were established in Israel. After all, the Bible is filled with examples of patriarchs who had had more than one wife! And were these people not now living in the land of the Bible? It required patience to influence these codes in terms of Occidental thinking. There are no new polygamous marriages in Israel. The younger generations are quickly absorbing western ideas of health and culture and are spanning a few thousand years in a short space of time.

Since there are no academic university courses for graduate nurses set up in Israel at this writing, the center also undertakes to rotate groups of graduates in an intensive six months' course. Thus a reservoir of public health nurses is being created who are groomed to open similar community health centers as well as to work in other public health agencies. The entire permanent staff is an integral part of the teaching team so that the training of new nurses becomes the goal of the whole group. Seminars are held twice weekly in which a specialist of the center presents a problem and leads the discussion. For example, the social worker might talk about the interpersonal relationships involved in interviewing a family. Everyone enters into the lively discussion with contributions based on their experiences. Role playing is a major part of the session and the students quickly learn to identify themselves with the patient's point of view and to grasp the key principles in handling their attitudes.

The six months' course, brief as it is, is only an introduction for these nurses. In all of the agencies throughout the country, staff educational programs are held regularly so that the nurse is always surrounded by an atmosphere of improvement and learning. The health educators, anthropologist, and psychologist, also feel this communal pulse of growth and are gathering invaluable material from these discussions as well as from the problems of research that are their special concern.

Perhaps the most interesting project at Kiryat Hayovel is related to student nurses from Israeli schools of nursing. After the first six months of their training public health nursing concepts are introduced. In groups of ten, they spend one half day a week at the center. Each student is assigned a family to study and is aided by the staff nurse from whose district the family was chosen. During the second year these same students spend a complete month, eight hours a day, in the center. They participate in the staff educational program and the emphasis in their curriculum is placed upon the family they have selected to help.

In their last year, the students spend another month at the center and are given a special project to develop in the community, for example, feeding problems was the last study. In a region of so many cultural differences in eating habits and approaches to child rearing, this project provided much interesting research material.

With this background, the newly graduated nurse often feels strongly urged to enter the public health field. Even if her interests lie in other areas of nursing the impressions gained at the health center are bound to be lasting and influential. She senses a greater bond between her work and that of the public health nurse. She realizes that public health nursing is everywhere and not just in the community since a patient brings his problems with him when he goes to hospital, and his eventual recovery is often affected by their solution.

The two health educators of the

staff provide a unique contribution to this program. Their main functions are to clarify community health problems, provide information on the general community environment and structure and its local epidemiology, and to offer resource material in social administration and health education to the nurses. They also exert a great deal of effort in overseeing community problems. For example, a playground was sorely needed. The educators sought out women in the community to write letters to the heads of the municipal government. They succeeded in having the Mayor of Jerusalem consent to the financing and the building of the playground. Then they had to solicit the approval of the homeowners who would be directly affected by the noise and activities of the children.

It is interesting to note that the educators were successful in gaining only the cooperation of the settlers from the Anglo-speaking world. In the Oriental homes the individual solves his problems mainly through the family unit. One of the biggest factors to bear in mind is that many of these ethnic groups have never before enjoyed the level of economy, health and comfort they now have. To strive for improvement on a community basis is something beyond their conception. Primary stimulus must therefore come from the English-speaking groups. It takes time to impress upon these people that they too have responsibilities to a community. The hopes of uniting these "two worlds" does not lie with the educators as much as it does with the people themselves.

Once the people realize their true social needs and have a desire for mutual cooperation, the health educators may step out of their role as initiators and remain merely as a resource group to be consulted. The succeeding generations who will speak a common language will offer another sociological picture that will be conducive to greater cooperation for social gains. At the present time interest is being stimulated to gain a town meeting hall which would help to bring the people together.

One of the larger tasks the health educators have assumed is to work with the neighborhood school teachers. There are two religious schools and two municipal schools in the area. The educators have been making an effort to orient these teachers who must be persuaded that health is not a one-time-thing. Here, of course, one must invoke the aid of the school principal. This can often be a difficult problem. One principal in the community is known to agree politely to every idea that is put before him, but he rarely if ever follows through on any point proposed. Another principal is vociferous in his fight against any intervention in running his school program and refuses to work with the health educators. Personality differences run high, which calls for skillful diplomacy and patience. This year the educators will sit on the Parent and Teachers Association boards. It is hoped that they will be able to exert a more positive influence here.

A new arrival from Iran

Beit Mazmil is only a few years old. It is sponsored by the Hadassah Medical Organization — an active voluntary group responsible for pioneering tremendous health reforms in Israel, notably in the field of mother and child care. The philosophy here is that once the center becomes sufficiently well established, Hadassah will step out and relegate its operation to one of the government agencies. It is the hope of Hadassah that many more such community programs throughout Israel will be established on the basis of their model at Beit Mazmil. This particular experiment is closely watched by all persons interested in public health, since its pattern is the forerunner of things to come.

Fibrocystic Disease of the Pancreas

A. WITHROW *and* V. GALLOWAY

BEFORE 1950, there were few definitely proven and recorded facts concerning this disease. Some of its clinical signs and symptoms are similar to other conditions, such as: the incomplete digestion of fats, characteristic of celiac disease and therefore usually treated as such; the accompanying pulmonary manifestations that are usually treated as a chronic bronchial condition.

The true clinical picture of fibrocystic disease of the pancreas is characterized by a combination of signs and symptoms:

Pancreatic insufficiency resulting in bulky, foul stools, containing excess fat.

Chronic pulmonary involvement.

Clubbing of fingers and toes.

Increase in the diameter of the chest.

In some cases, below average height and weight.

In some cases, excessive appetite.

Diagnosis of the disease is based on x-ray findings and laboratory tests. Pancreatic insufficiency is determined by duodenal drainage of the pancreatic trypsin. Tests of such drainage indicate a decrease or even absence of tryptic activity. Microscopic examination is made of stools to determine the intestinal absorption of fats since, with the lack of pancreatic enzyme activity, faulty absorption of fats results in excess fat in the stools.

Generalized obstructive emphysema and chronic bronchopneumonia are found in all patients at some time in the course of the disease. Also, family history aids in the diagnosis for occasionally there are other children in the family with, or who have had, the disease.

A more recent laboratory test, known as the "sweat test," determines the sweat gland involvement, which in fibrocystic disease, shows marked increase in the concentration of chloride and sodium. This test is done by encasing the patient in a plastic bag to make him sweat, at normal room temperature and humidity. A piece of gauze, 10 cm. x 10 cm. in size, is placed on the abdomen, covered with plastic and sealed with water-proof tape. After one hour the gauze is removed and weighed. The analysis indicates:

Volume by weight of sweat in 1 hour on 100 sq. cm.

Chlorides are calculated by Schales and Schales method, sodium by flame photometer.

Chlorides — normal 4 - 8, fibrocystic — 60-160.

Sodium — normal 10-120, fibrocystic — 80-190.

PROGNOSIS

In cases where death results from the disease, it is often due to the severity of the pulmonary manifestations, or to the increased concentration of chloride and sodium in the sweat which may lead to acute salt depletion, especially in hot weather.

In the majority of cases the respiratory disease responds well to therapeutic doses of antibiotics and can be kept under control by prophylactic doses of the drugs. The gastrointestinal dysfunction may be controlled by using a restricted diet — low fat, high protein — with or without additional pancreatic extract.

In a number of the cases of partial pancreatic deficiency that were treated and a "follow-up" study done, the patients are doing well on normal diets and occasional antibiotics.

CASE STUDY

Baby Tommy was first admitted to hospital at the age of five months. His chief complaint was gastroenteritis. History revealed he had been a feeding problem since birth, cried constantly and had been very wakeful at nights. The infant had just recovered from bronchopneumonia at home; chest findings were negative on admission to

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Miss Withrow and Mrs. Galloway have reported on a child treated at the Sarnia General Hospital.

hospital. He was fairly well developed and nourished, not acutely ill.

Gastroenteritis was treated with chloromycetin and streptomagna effectively and he was discharged on full strength protein milk. He returned to hospital three days later with recurring diarrhea. When discharged a month later, he was tolerating a regular diet for his age, but weight gain was slow. The stools were essentially normal at this time.

The third admission to hospital was at one year of age with tracheobronchitis. During the intervening months, the doctor had suspected fibrocystic disease and Tommy had been given a restricted diet at home, with additional pancreatic extract. Stools had changed in character, becoming bulkier, poorly formed and foul.

Chest x-ray revealed early bronchopneumonia, which was treated with antibiotics with little response. Prior to discharge a duodenal drainage was performed. Laboratory findings revealed the following: duodenal juice failed to liquefy gelatin at a dilution of 1:12, which indicated pancreatic insufficiency as found in fibrocystic disease.

A year and a half later, Tommy was admitted with complaints of persistent cough, wheezing and respiratory distress. Chest x-ray revealed fairly extensive bilateral bronchopneumonia. He appeared to be a moderately well-nourished child weighing thirty pounds, somewhat small for his age, with a noticeably barrel-shaped chest. Clubbing of the fingers and toes was slight. He was listless and had a poor appetite when first admitted, which could be attributed to his chest condition. There was little response to antibiotics. Sputum culture revealed a heavy growth of Staphylococcus *aureus*.

A specimen of stool was sent to laboratory to determine the proteolytic activity. Under conditions of the test, stool digested gelatin up to a dilution of 1 in 100.

Tommy was allowed home for Christmas, antibiotics being sent with him to be given by his mother. Returning on December 26, Tommy was very upset and homesick, crying almost continuously. Respiratory distress became more severe and he was eventually placed in a croupette with continuous oxygen. Alevaire for one hour was administered three times a day for several days to relieve the congestion of the chest. On January 9, aerosol penicillin 100,000 units t.i.d. was started. A chest x-ray on January 16 indicated definite improvement.

Antibiotics and medications given include: Penicillin (aqueous) 300,000 units intramuscularly daily; crude liver extract 1 cc. twice weekly; chloromycetin drams one q.i.d., poly-vi-sol 6 cc. t.i.d. and pancreatic granules drams one t.i.d.

Laboratory tests show: Staphylococcus *aureus* still present in the sputum. There has been an increase in the W. B.C. from 12,900 to 22,700.

Sweat test was done giving the following result:

Chlorides 117

Sodium 113

The character of stools is normal. His diet is restricted low fat, high protein, low sugar, with the addition of pancreatic extract. His appetite is much improved.

The family history reveals that another child died at the age of three months. At that time definite diagnosis of fibrocystic disease of the pancreas was not made, but the history is very suggestive of the probability that this child had fibrocystic disease, also. Two other children, a boy five years of age and a girl two years of age, are alive and apparently healthly.

Stimulants May be a Peril

Striving to stay awake or alert, many drivers have an abiding faith in caffeine or an amphetamine. Physiologically, 100-150 mg. of caffeine (one cup of coffee or tea) can produce a mild toxic reaction in some persons: in others a toxic dose would be 1 gm. (10 cups), causing tinnitus and flashes of light. Amphetamine, which causes a marked stimulation of the central nervous system, can produce euphoria, a decreased ability to concentrate and a feeling of being impervious to danger.

— *Scope Weekly*

* * *

Reputation is a bubble a man bursts when he tries to blow it himself.

Sélection

La retraite et ses alternatives

HELEN B. MONKHOUSE, B.A.

La retraite est un sujet complexe basé sur plusieurs facteurs. Le prolongement de la durée de la vie et, par suite, le nombre croissant de personnes âgées qui vivent aujourd'hui est à la base de cette question. En effet, si les personnes âgées ne produisent pas, elles deviennent un fardeau pour l'économie nationale; mais si d'un autre côté ces personnes sont maintenues dans des emplois, alors qu'elles n'ont plus la capacité d'être utiles, elles peuvent alors devenir un fardeau pour la direction et une entrave au bon fonctionnement d'industries et d'entreprises. Si on oblige ces personnes à devenir oisives alors qu'elles ne le veulent pas, elles risquent de constituer un problème envers elles-mêmes, envers leurs parents et envers la société.

Mon expérience de cette question m'amène à dire qu'il faut commencer tôt à se préparer adéquatement pour plus tard. Que la retraite à un certain âge spécifique soit obligatoire ou volontaire, tôt ou tard, le jour arrive où l'abandon d'un travail trop actif est essentiel. Cette période ultérieure de la vie présuppose un changement qui implique un ajustement facile ou difficile, suivant le sens que chaque personne donne à ce mot: travail.

Je me demande combien parmi vous ont jamais analysé leurs raisons de travailler? Jusqu'à ce que vous l'ayez fait, vous ne saurez pas quelles alternatives vous devez adopter, qui vous fourniront un contentement, dans la vieillesse, égal à celui que vous trouvez présentement dans votre travail. La retraite voudra-t-elle dire la perte du sentiment d'être utile? La perte de prestige que l'on associe à la détention d'un poste responsable? Le manque d'occasion de faire usage de façon créative de votre spécialité et de votre expérience? Ou simplement sera-t-elle le manque d'un objectif journalier lorsque vous n'aurez plus d'endroits où vous rendre tous les jours et la désorganisation d'une routine familière? La retraite signifira-t-elle l'ajustement à un niveau économique inférieur ou à des intérêts insuffisants pour remplir le vide qu'amènent des loisirs inaccoutumés? Il y a autant de problèmes d'ajustement heureux à la retraite qu'il existe de plaisirs dérivés de son travail.

Vous vous demandez peut-être pourquoi je considère la retraite surtout au point de vue d'adaptation. C'est parce que notre attitude vis-à-vis de la retraite est positive ou négative. L'attitude positive, bien mieux que l'approche négative, conduira à la découverte d'une alternative satisfaisante. Ceux-là même qui considèrent la rémunération financière comme une satisfaction ou un besoin primordial verront l'avenir avec plus d'espoir s'ils ont développé entre temps des intérêts professionnels ou des contacts, dans la société qui pourraient leur donner du travail à temps partiel et par suite des gains financiers quand leur emploi régulier se trouvera terminé à l'âge de retraite.

Je fais depuis deux ans des travaux de recherches à l'hôpital de Sunnybrook en vue d'étudier l'incidence de la maladie et la rapidité de son progrès chez les travailleurs âgées, de 50 à 65 ans. Ceci comprend une étude des facteurs économiques et sociaux dans la vie des personnes concernées, ainsi que de leur état de santé physique et mental. Mon domaine particulier a été l'étude des conditions sociales du groupe de personnes examinées, qui travaillent encore et qui sont dans leurs années productives. D'autres membres du groupe de recherches ont étudié leur état de santé physique et mental, et leur statut économique.

L'étude sociale s'est surtout portée sur l'attitude actuelle d'une personne vis-à-vis de certains facteurs sociaux qui pourraient amener un accommodement satisfaisant à la retraite. Les résultats auxquels je suis arrivée indiquent que seulement un petit pourcentage du groupe a pensé à faire des projets pour faire face aux problèmes relatifs à l'abandon de leur travail actuel, bien que la plupart aient admis que la retraite serait pour eux un problème. Pour plusieurs, trouver un autre travail est une nécessité économique, mais en plus, pour ces mêmes personnes et pour d'autres en meilleurs position financière, le problème est aussi de rester actives et employer leur temps. Puisque 75 pour cent des personnes questionnées n'accordent qu'une importance secondaire à leurs loisirs, leur passe-temps consistant en des occupations conventionnelles que nous adoptons tous, par exemple: les visites so-

ciales et familiales, la tenue de maison, la télévision. Vous comprendrez combien ils comptent sur la maison, sur la famille et sur leur travail, et combien un changement de ce mode de vie peut être difficile pour eux.

Nous avons constaté que le petit groupe de gens ayant un travail secondaire, duquel ils retirent un revenu additionnel ou une grande satisfaction est moins portée à craindre l'avenir. L'ajustement à la retraite, au moment où elle arrive, lui est par conséquent beaucoup plus facile.

Les problèmes spécifiques qui confrontent les femmes dans les années qui précèdent et suivent l'âge de la retraite n'ont pas été relevés dans notre étude. L'on a en effet pensé que le nombre de femmes questionnées n'était pas suffisant pour faire une telle différentiation et que les niveaux d'occupation n'étaient pas non plus assez représentatifs pour nous permettre d'arriver à des conclusions valides, fondées sur les sexes.

Cependant, j'ai l'impression, et d'autres études le confirment, que les probables fondamentalement sont à peu près les mêmes. La nécessité économique et le manque d'autres intérêts font que les femmes comptent presque autant que les hommes sur la continuité de l'emploi. Je dis "presque" en considérant le fait que les femmes ont la caractéristique d'être mieux à même que les hommes d'employer leurs loisirs à la tenue de maison. Elles ne sont pas, par conséquent, aussi dénuées de moyens de se tenir occupées quand elles perdent leur travail rémunéré et régulier. D'autre part, je ne les ai pas trouvées aussi progressives dans le développement d'intérêts ayant une certaine profondeur ou des possibilités de revenus. Ceci peut être dû, cependant, à ce que les femmes questionnées n'étaient pas de types assez variés.

Bien que je n'aie pas mentionné d'alternatives spécifiques à la retraite, j'ai essayé d'indiquer l'importance d'y réfléchir, de faire des projets et d'analyser les satisfactions trouvées dans le travail actuel et les substituts possibles dans des occupations moins actives. Cette préparation est nécessaire si l'on veut poursuivre une vie occupée, satisfaisante et utile. La retraite devrait nécessairement tendre vers ce but plutôt que de s'en éloigner. La vieillesse, avec toutes ses implications, pourra alors assumer sa vraie place, que Browning a si bien décrit comme étant "la dernière partie de la vie pour laquelle la première a été faite."

La Gazette du Travail, juillet, 1956.

In Memoriam

Ella Adams, who graduated from the Ontario Hospital, Kingston, Ont., in 1933, died at Belleville, Ont., in 1956 following a lengthy illness. Miss Adams had served on the staff of the Ontario Hospitals in Woodstock and Whitby.

* * *

Margaret (Graham) Allen, who was the second nurse to graduate, in 1909, from Royal Inland Hospital, Kamloops, B.C., died during 1956.

* * *

Bessie I. (Watson) Aylmer, A.R.R.C., a graduate of the Royal Infirmary, Liverpool, Eng., died in Nelson, B.C. following a long illness. During World War I, Mrs. Aylmer served with the British Naval Nursing Service, transferring later to the Canadian Army Medical Corps. Her decoration was awarded following her years of work in France and England. Prior to the war she had engaged in nursing in the United States and for a time was on the staff of Royal Jubilee Hospital, Victoria.

Bridget (McCann) Chown, who graduated from St. Boniface Hospital in 1906, died there on September 17, 1956. She had retired in 1933 after having worked in eastern Canada and in Saskatchewan.

* * *

Jessie Evelyn Coulter, who graduated from Toronto General Hospital in 1914, died in Toronto on November 15, 1956. After service in England with No. 9 Canadian General Hospital during World War I, Miss Coulter engaged in private nursing in Toronto.

* * *

Mary (King) Fisk, who graduated from Holy Cross Hospital, Calgary, in 1933 died there last year.

* * *

Marguerite (Rose) Higgins, who graduated from Holy Cross Hospital, Calgary, in 1941 died at Lethbridge, Alta., recently.

* * *

Minnie Alberta (Thair) Kells, a graduate of a Regina school of nursing died at Kelowna, B.C. in November, 1956.

Etta (Stirton) MacVicar who served as a matron of Victoria Hospital, Prince Albert, Sask., prior to 1914 died at Winnipeg on November 10, 1956 at the convalescent home where she had served as matron for eleven years.

* * *

Julia Mess, an early graduate of Archer Memorial Hospital, Lamont, Alta., died at Saskatoon in November, 1956. Miss Mess had nursed in many communities in Saskatchewan during her lifetime including Saltcoats, Wadena and Foam Lake.

* * *

May (Harper) Skelly, who graduated from St. Boniface Hospital in 1926, died there during 1956. She had given up active nursing in 1945.

* * *

Ruby B. Skitch, a graduate of City Hospital, Cleveland, Ohio, who had served on the Health Department staff in Toronto for 38 years, died at Toronto on November 16, 1956. She had retired in 1951.

* * *

Margaret (McLaughlin) Smith, who graduated from St. Paul's Hospital, Saskatoon, in 1916, died in California on July 7, 1956.

* * *

Catherine McDonald Thomson died at Victoria Hospital, London, on December 7, 1956. Following service overseas during World War I, Miss Thomson joined the staff of Ford Hospital, Detroit. She retired to her home in London in 1948.

* * *

Jean (Dixon) Watson, who graduated from St. Paul's Hospital, Saskatoon, in 1940, died at Saskatoon on December 7, 1956. Mrs. Watson had engaged in private nursing throughout her professional life.

In the Good Old Days

(*The Canadian Nurse* — MARCH, 1917)

All our efforts should be directed during the months of a pregnancy towards making it possible for things to go on naturally at the time of delivery. The very derivation of the word "obstetrics" indicates this. From Latin, it means literally "to stand by" and by standing by should be meant an attitude of watchful waiting, of protecting.

* * *

There is one and only one solution to the problem of the feeble minded. For their own protection and the protection of society they must be segregated and domiciled in institutions. The farm colonies that are being provided for them everywhere would seem to meet the demand for their disposition in the wisest, most economical and most humane way.

* * *

About three to three and a half quarts of milk daily will sustain the average adult indefinitely under ordinary circumstances. If a patient can be made to assimilate three to five quarts more, combined with complete bed rest and hot baths, we have a wide margin to go toward the correction of conditions causing many diseases. Under such treatment, the patient may also be given a dish of prunes or a glass of orange juice — nothing else by mouth.

* * *

It is largely children, infected by contact in their homes, who furnish later the ever on-coming crop of consumptives. It is now generally conceded that infection with the tubercle bacillus is, in the majority of cases, an incident of early life. Thus, regardless of the time of development of clinical symptoms, tuberculosis is, in origin at least, essentially a disease of childhood.

* * *

The government spends much time and money in the conservation of animal and forest life and in assisting agriculture, mining and other industries. They have hitherto overlooked to a great extent the preservation of human life which is the most important of all. If a man has a sick beast he can claim the services of a veterinary at the expense of the government but a sick member of his family is without any claim for assistance.

If you are under severe stress, excitement or anger, don't drive your car. Such tension may impair your driving and cause an accident to yourself or others on the highway. — Dept. of National Health & Welfare.

New

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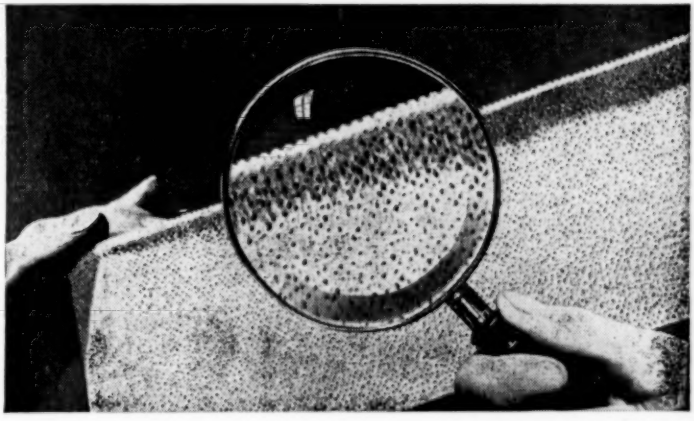

SMITH & NEPHEW announce that a new form of Elastoplast — a bandage with a Porous Adhesive spread — is now available. After years of extensive clinical trials and successful use in Great Britain, results confirm that this new Porous adhesive largely overcomes skin reaction to occlusion, which some patients experience beneath fully spread adhesive bandages, by permitting free evaporation of sweat and minimizing epidermal keratinisation produced by the stimulating effect of the adhesive.

Elastoplast bandages with Porous adhesive are now freely available. Prices are the same as the normal spread Elastoplast bandages.

Points about Porous Elastoplast

1. Porosity throughout the entire surface of the adhesive — permits free evaporation of sweat.
2. Skin reaction through sweat retention diminished.
3. Fluffy edges — prevent trauma to devitalized skin in the compression treatment of varicose conditions.

Elastoplast

ELASTIC ADHESIVE POROUS BANDAGES

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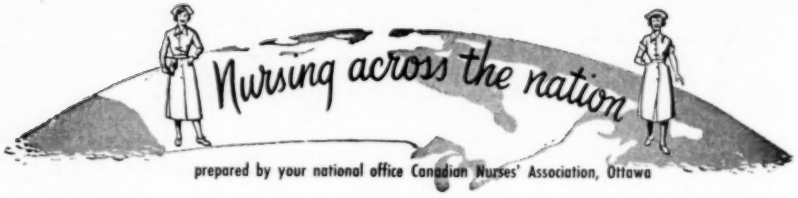

Citizens' Committees

An editorial in a recent issue of *Health,* published by the Health League of Canada, refers to the importance of Citizens' Committees. Here, specific reference is made to the Citizens' Committees formed in five of the member countries of the World Health Organization. In Canada, the Health League is the Canadian Citizens' Committee for WHO.

Those of us engaged in maintaining and promoting the health of our fellow Canadians must continually bear in mind that we can only advance in this aim as the general public becomes convinced of the importance of health. How better to develop a convinced public than to bring as many citizens as possible into the planning for health improvement. Those interested in the needs of their communities and anxious to see that these needs are met will educate others and urge action. Let us call upon all Canadians to share in planning for that most precious of all gifts — health.

When You Choose Nursing

This film, available from the National League for Nursing Committee on Careers, was shown on a T.V. program in Calgary recently. The Kinsmen Club of Calgary is sponsoring a series of T.V. programs on recruitment for the professions. Student nurses from the Calgary General and Holy Cross Hospitals participated in the program and from all accounts it was most successful.

Perhaps you too would be interested in showing this film which portrays the work and play of professional nurses in pediatrics, nursing education, industry and public health, with glimpses into other fields open to nurses. Excellent photography and a winning story characterized the film which was produced especially for recruitment for professional nursing.

With a few exceptions, nurses play roles in the film that they fill in real life. This film was contributed to the national student nurse recruitment program by Lederle Laboratories Division of American Cyanamid Company.

It is cleared unconditionally for television and may be obtained at a cost of $4.00 for 3 days or $7.00 a week plus postage from —

ANA — NLN Film Library,
13 East 37th Street,
New York 16, N.Y.

The Alaska Nurse

American nurses in Alaska are interested in learning more about Canadian nursing. They plan to do this through their quarterly bulletin *The Alaska Nurse.* We have been asked by the Alaska Nurses' Association Inc., to submit an article for the spring bulletin describing our professional organization. Interest in Canadian nursing has apparently been sparked by our nurses who are working in Alaska. It is a pleasure for us to be invited to contribute to this publication.

The First Fifty Years

In this our anniversary biennium an historical sketch of the CNA has been prepared by our General Secretary Miss Pearl Stiver. Available in both French and English, it is entitled "Canadian Nurses' Association — The First Fifty Years." Beginning in 1893, when the idea of the formation of the International Council of Nurses was first conceived, it traces a path from then to the eve of our 50th Anniversary. All this in about seventeen easily read and interesting pages. It is now being used for reference material, not only by nurses but in such educational

NEW! Swift's Premium Ham now strained for babies!

Now Swift's Premium Ham, famous for its flavour and tenderness, is added to the wide line of Meats for Babies.

Here's all the hearty goodness of fine ham, strained to a velvety-*smooth* texture that's tempting to baby. Swift's Strained Ham provides high nutritional benefits essential to good appetite. Low in fat (see analysis below) and easy to digest as milk.

As in the development of the other 9 Meats for Babies, Swift worked in close consultation with leading pediatricians in the preparation of this new product.

You can recommend Swift's Strained Ham with the same confidence you have always placed in Swift's Meats for Babies, Swift's Egg Yolks and Swift's Salmon Seafood for Babies.

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	Strained Ham	**Chopped Ham**
Moisture	79.1%	75.8%
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centres as the School of Political Economy, at the University of Toronto. Your National Office will be pleased to send you a copy on request.

Stop that Accident

The week of February 3rd to 9th was Canada's 13th National Health week. The purpose of this week is

> to draw to the attention of all Canadians the enormous benefits to be derived from good health — both from the economic point of view and from the personal one.

This year the prevention of highway accidents was stressed. In 1955 there were 3,037 deaths from motor vehicle accidents in Canada. These and all the other preventable accidents which happen in and around the home must be stopped. Lives are lost and permanent injuries suffered which could so easily have been prevented, if only someone had been conscious of the danger which existed. Fires are one of our greatest hazards.

It is important to have a week dedicated to National Health. But our obligation to publicize this did not end on February 9th. Nurses have an important role to play in accident prevention through their example and instruction to patients and families. It should rank high in our daily duties and responsibilities. Make your motto for 1957 "Stop that Accident."

Services for Children

Our public health nurses will be interested to learn that the American Public Health Association's Committee on Child Health has recently completed two new manuals on services for handicapped children. These are "Services for Children with Hearing Impairment" and "Services for Children with Vision and Eye Problems." These bring to six the number of Guides in this series. The others are: Services for Handicapped Children, for children with Cerebral Palsy, with Cleft-Lip and Cleft-Palate, and with Dento-Facial Handicaps.

This series of Guides attemps to give specific answers to questions professional people and responsible citizens ask:

> What is the nature of the handicap?
>
> Why should communities be concerned?
>
> What is the expected outcome for the children?
>
> Can this condition be prevented?
>
> How do professional people feel about the best ways of caring for handicapped children?
>
> What specific facilities are needed?
>
> Who should be responsible for providing them?
>
> How can services be organized most economically?

The new publications are priced at $1.50 each. Orders should be addressed to: Committee on Child Health, American Public Health Association, 1790 Broadway, New York 19, N.Y.

Story-telling

"Once upon a time." How many children have been thrilled at the sound of that phrase! A note in the *American Journal of Nursing*, December 1956 issue, refers to an education in story-telling which is being given to student nurses at Mount Sinai in Cleveland, Ohio as part of their pediatric experience. A local librarian gives two conferences on story-telling techniques and book selection. Selecting the right story for the particular child and then reading or telling it in an interesting fashion is not always the easiest thing to do. This sounds like a worthwhile project and one which is easy to carry out. Have you tried it?

Calling All Scandinavian Nurses

We have, in National Office, several copies of nursing journals from Finland, Denmark, Norway. Unfortunately we are unable to read them, yet we know they contain interesting articles. If there are any Scandinavian nurses now residing in Canada who would like to have these please write to: Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, Ontario.

L'homme, perdant sa chimère,
Se demande avec douleur
Quelle est la plus éphémère
De la vie ou de la fleur. — Chénier

No pins or curlers needed!

(slips on or off in a jiffy — won't muss your hair)

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FOR NURSES

- Professionally correct operating room cap.
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Le Nursing à travers le pays

Comités de citoyens

Un récent article du périodique "Health" publié par la Ligue de Santé du Canada souligne l'importance des comités de citoyens. On y mentionne particulièrement les comités des citoyens formés dans cinq pays membres de l'Organisation Mondiale de Santé; au Canada c'est la Ligue de Santé qui constitue ce comité pour l'OMS.

Tous ceux qui sont chargés de la protection et du maintien de la santé des Canadiens doivent ne pas perdre de vue que leur but ne sera vraiment réalisable qu'en autant que le public sera convaincu de l'importance de la santé. Est-il un meilleur moyen pour convaincre le public que de faire participer autant de citoyens que possible à la préparation de plans ayant pour objet l'amélioration de la santé? Ceux qui s'intéressent aux besoins de leurs concitoyens et qui ont à cœur de faire quelque chose pour y remédier s'occupent d'éduquer les autres et de les forcer à l'action. Faisons un appel à tous les Canadiens, engageons-les à participer aux projets destinés à la sauvegarde de la santé, le plus précieux de tous les dons.

Prévenons les accidents!

La semaine du 3 au 9 février a été la Semaine de la Santé au Canada. Cette initiative a pour but "d'attirer l'attention de tous les Canadiens sur les avantages énormes que procure une bonne santé, avantages économiques autant que personnels." Cette année on a insisté particulièrement sur les accidents de la route. En 1955, il y a eu 3,037 décès causés par des accidents de la route. Ces accidents, de même que ceux qui surviennent à la maison et pour la plupart évitables doivent être enrayés. Que de pertes de vie et d'infirmités seraient évitées si seulement les gens étaient plus conscients du danger. Le feu constitue un de nos plus grands dangers.

C'est une bonne chose de consacrer particulièrement une semaine à la santé nationale mais notre devoir d'attirer l'attention des citoyens sur la valeur de la santé ne s'arrête pas pour cela au 9 février. Les infirmières ont un rôle de premier plan à jouer dans la prévention des accidents tant par leurs bons exemples que par les conseils qu'elles savent donner aux malades et aux familles de ces derniers. Ceci devrait faire partie de nos obligations de chaque jour. Que notre devise soit pour 1957: "Trêve d'accidents!"

Lorsque vous choisissez la carrière d'infirmière

Ce film que l'on peut se procurer au bureau de la National League for Nursing Committee on Careers fit l'objet d'un programme de télévision à Calgary. Le club "Kinsmen" de cette ville présente une série de programme de recrutement dans les diverses professions. Les étudiantes des écoles d'infirmières du Calgary General Hospital et du Holy Cross Hospital participèrent au programme qui fut des plus réussis.

Vous aimeriez peut-être à présenter ce film dans lequel on voit l'infirmière dans les divers champs d'action de sa profession: en pédiatrie, dans l'industrie, en hygiène publique, etc. La photographie est excellente et l'intérêt est soutenu durant toute la présentation du film spécialement préparé pour le recrutement d'étudiantes-infirmières.

Sauf de rares exceptions, les rôles sont remplis par des infirmières; c'est une contribution des Laboratoires Lederle, division de l'American Cyanamid Company; le film peut être montré à la télévision sans aucune réserve et on peut se le procurer au coût de $4.00 pour trois jours ou de $7.00 par semaine plus frais de port, en s'adressant à ANA - NLN Film Library, 13 East 37th Street, New York 16, N.Y.

L'Infirmière en Alaska

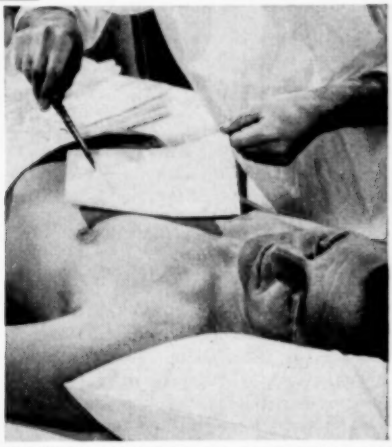
Les infirmières américaines en Alaska s'intéressent au Nursing au Canada et aimeraient se renseigner, par l'entremise de leur bulletin "The Alaska Nurse." L'on nous a demandé, pour le numéro du printemps, de préparer un article sur notre organisation professionnelle. Leur intérêt a sans doute été éveillé par nos infirmières canadiennes travaillant en Alaska. Cette invitation de collaborer à ce bulletin a été reçue avec plaisir.

Les premiers cinquante ans

Pour célébrer le 50ième anniversaire de l'A.I.C., lors du Congrès biennal de 1958, un sketch historique sur l'Association a été préparé par notre secrétaire générale, Mlle Pearl Stiver. Rédigé en français et en

OUT-PATIENT . . . *OR* . . . IN-PATIENT

FOR MINOR WOUNDS, TELFA *Strips* provide ample absorption with easy, painless removal. Three convenient sizes—that can be cut to fit any wound. TELFA permits fast, primary healing—at lower cost.



FOR MAJOR SURGERY, TELFA *Sponge-Pads* provide maximum absorption, retentiveness and protection from trauma and contamination. Dressing lifts off easily—healing tissue and stitches are undisturbed.

USE TELFA WHEREVER WOUNDS ARE DRESSED

to speed healing, cut dressings costs

For routine use on all wounds. **Telfa** absorbs without sticking . . . lifts off painlessly.

Wounds that you now dress with gauze, or sponges and pads, can be dressed *better* and more *economically* with TELFA. Dressing costs can actually be cut from 18% to 41% —because TELFA is now available in 2 forms to meet all wound needs.

There are TELFA *Strips* for simple, minor wounds—including a large size for plastic surgery; and TELFA *Sponge-Pads*, for routine surgical wounds and drainage cases. It is the first complete dressing in a single "unit".

But the saving is even greater, because this simpler dressing technique reduces doctor and nurse time by 50% or more.

Because of its perforated "plastic skin" that goes next to the wound, TELFA absorbs drainage without sticking to the wound or stitches.

No interference with natural healing because TELFA is inert—unmedicated, no grease to complicate later treatment.

TELFA Strips in bulk cases 2½ " x 4", 3" x 8" and 8" x 10".

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anglais, le sketch est intitulé: L'Association des Infirmières Canadiennes — Les Premiers Cinquante Ans." Il trace le chemin parcouru depuis 1893 alors que fut conçue l'idée de former un Conseil International des Infirmières, jusqu'à nos jours; 17 pages intéressantes qui se lisent agréablement. Il sert actuellement de matériel de référence non seulement aux infirmières mais aussi à des centres d'éducation tels que l'Ecole d'Economie Politique de l'Université de Toronto. Le secrétariat national sera heureux de vous en faire parvenir un exemplaire sur demande.

Au service des enfants

Nos infirmières hygiénistes apprendront avec satisfaction que l'American Public Health Association, comité de la santé de l'enfant vient de terminer deux manuels consacrés aux enfants handicapés: l'un concerne les enfants souffrant de surdité et est intitulé: "Services for Children with Hearing Impairment" et l'autre, pour ceux ayant des troubles de la vision: "Services for Children with Vision and Eye Problems." Ceci porte à six le nombre de guides de cette série. Les autres sont intitulés comme suit: Services for Handicapped Children (enfants handicapés), Cerebral Palsy (paralysie cérébrale), Cleft Lip and Cleft Palate (bec-de-lièvre), Dento-Facial Handicaps (difformités faciales et dentaires).

Cette série de guides a pour objectif de répondre aux questions que se posent les professionnels du soin des enfants et le public en général et qui sont à peu près les suivantes:

Quelle est la nature de l'infirmité?
Pourquoi le public doit-il s'intéresser à cette question?
Quel sera l'avenir de cet enfant?
Peut-on prévenir cet état de chose?
Quel est l'opinion des professionnels sur les mesures à prendre pour le soin des enfants handicapés?
Quels moyens spécifiques s'imposent?
Qui doit en assumer la responsabilité?
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Ces brochures se vendent $1.50 l'unité et peuvent être obtenues en s'adressant à: Committee on Child Health, American Public Health Association, 1790 Broadway, New York 19, N.Y.

L'art de conter

"Il était une fois . . . que d'enfants ont été fascinés en entendant ces mots. Un entre-filet de l'*American Journal of Nursing*, numéro de décembre 1956, mentionne que les étudiantes de l'Ecole d'Infirmières du Mount Sinai à Cleveland, Ohio, reçoivent des leçons sur l'art de raconter, durant leur stage en pédiatrie. Une bibliothécaire donne deux conférences sur ce sujet et sur le choix des livres pour enfants. Choisir le livre qui convient pour un enfant, lui lire ou lui raconter l'histoire d'une manière intéressante n'est pas toujours facile; cela semble très facile: avez-vous déjà essayé?

Metropolis of the North

Jessie Beaumont Mifflin

Cosmopolitan is the word for St. Anthony, Nfld., for here you might have breakfast with an Eskimo, morning coffee with an American, dinner with a Newfoundlander, tea with an Englishman and supper with a Mainlander. It is not, then, a typical Newfoundland outport, that which makes it different being of course, the Grenfell Mission.

St. Anthony is a town with a population of 1359, according to the latest census. Like David Copperfield, it has "growed out of knowledge" during the last twenty years or so. Indeed, forty years ago, so the "livyers" say, there were only about a dozen families living there.

St. Anthony is divided into two parts — the East Side and the West Side. On the West Side is the six-roomed amalgamated school with its large auditorium complete with piano. A new wing has steam-heated class rooms, and up-to-the-minute wash rooms as well as a laboratory. Attached to the school is the little regional library with as fine a collection of books as will be found in any library of comparable size on the Mainland.

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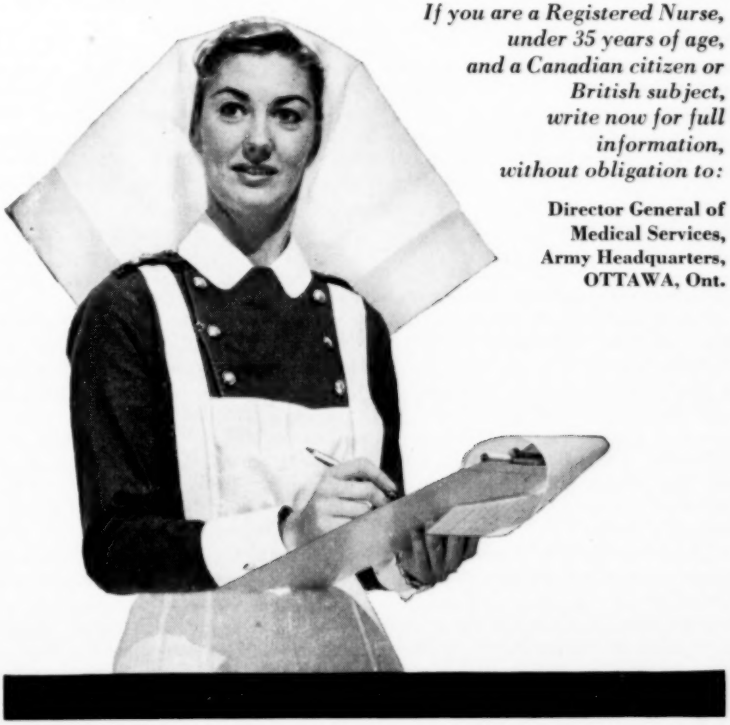

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the autumn turn gold and bronze and make a fitting background for the attractive architecture.

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Finally, and not the least of its many attractions, you will find in St. Anthony a heart-warming hospitality which those abroad who call it home must remember always with nostalgia, and which creates in the stranger within the gates a desire to return soon.

— Excerpts from an article in *Atlantic Guardian*

* * *

No woman has yet been awarded the Victoria Cross. A golden replica of this medal was presented, with Queen Victoria's permission, by the officers of the 104th Bengal Fusiliers to their Colonel's wife, Mrs. Webber D. Harris, as a tribute to her bravery in nursing men during a cholera scourge on the North-West Frontier of India in 1869. It can be seen, together with her miniature and chain, at the Victoria Cross Centenary Exhibition at Marlborough House, London, where there are illustrations and relics telling stories of many gallant winners of this coveted award. Only three men have been awarded the V.C. twice. Two of these were medical officers attending the wounded.

— *Nursing Mirror*

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(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

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Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

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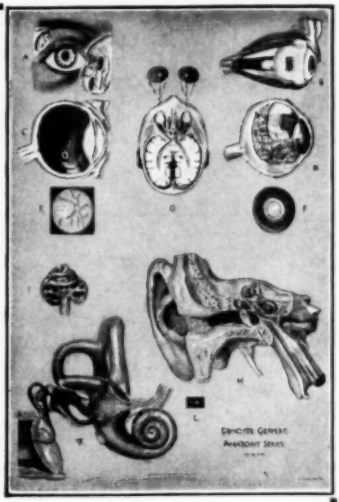

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Quebec: C. R. Senecal, 3288 Van Horne Avenue, Montreal, Quebec.
Saskatchewan: Commercial Printers, Ltd., 1935 Albert Street, Regina, Saskatchewan.

Book Reviews

The Canadian Medical Services, 1939-45, Volume I by W. R. Feasby, B.A., M.D. 568 pages. Published, by Authority of the Minister of National Defence, by the Queen's Printer, Ottawa. 1956. Price $5.00.

Dr. Feasby, who is the official medical historian for Canada, has compiled the fascinating story of the part played by the medical services in the Army, Navy and Air Force during the second world war. The account of the preparations made for the reception of the wounded following the Dieppe raid in 1942 and the actual handling of the casualties is an illustration of the "inside story" this book reveals for the first time.

Of especial interest to our profession is the historical outline of the development of the nursing branch of each of the three services and of the detachment who served with the South African Military Nursing Service. Reference is made to the National Enrolment Plan developed, in 1927, by the Canadian Nurses' Association in cooperation with the Canadian Red Cross Society, to maintain a list of all registered nurses who "would be known to be ready for emergency service in case of war or disaster." In explaining why the list was so little used in the recruitment of nursing sisters for World War II service, Dr. Feasby states: "That this list was not fully utilized was probably due to lack of cooperation between the district medical officers and the provincial joint committees and also to the fact that the reserve list and a flow of new applicants proved an ample source of supply for army nurses . . . The use of the National Enrolment Plan as a means of facilitating mobilization is a debatable point in the light of the patriotic spirit shown by the nurses of Canada in both wars."

The various campaigns in which the nurses of the R.C.A.M.C. served, the usefulness of the R.C.N. nurses both in providing care and serving as "sick berth" instructors, the contribution of the R.C.A.F. nurses in furthering the British Commonwealth Air Training Plan make interesting reading both for the nursing sisters and those who stayed at home.

Special mention is made of the two nurs-

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ing sisters who accompanied the Canadian forces on the ill-fated landing in Hong Kong. "Despite the many hazards they were able to survive . . . They were repatriated to Canada in November 1943. The account which they were able to bring with them carefully memorized, together with a preliminary casualty list, provided the first official information that was received in Canada about the fateful events which had involved the Canadian forces in Hong Kong."

Surgery for Nurses, by James Moroney, M.B., Ch.B., F.R.C.S. (Eng.), L.R.C.P. (Lond.). 672 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 1. 3rd Ed. 1955. Price $4.70.
Reviewed by Miss E. J. MacDonald, Instructor, Miramichi Hospital, Newcastle, N.B.

This is a well written textbook for nurses. The material is presented in a clear, chronological manner making it easy to read and study. As it is an English publication, a number of terms used are different from ours.

The many diagrams and prints are excellent. The characteristics, symptoms, treatment and complications of various surgical conditions most likely to occur, are printed in the order of their importance in dark print so that they are easily picked out. An over-all picture of the condition is given without excessive reading.

This book would be very helpful to instructors and student nurses as a reference book.

The Health Visitor and Tuberculosis, by Sheena H. Buchanan, S.R.N., S.C.M., H.V. cert. 142 pages. Tavistock House, North London, W.C.I. 1955. Price 8s. 6d.
Reviewed by Miss M. C. McArthur, 328 Frank Street, Ottawa.

This book, written by an English health visitor, tells the story of a health visitor's work in tuberculosis. Routine facts become alive because it is the story of a nurse and her patients.

The problems besetting a tuberculosis patient and his family and the important part the health visitor plays in alleviating these problems are vividly outlined. Emphasis is

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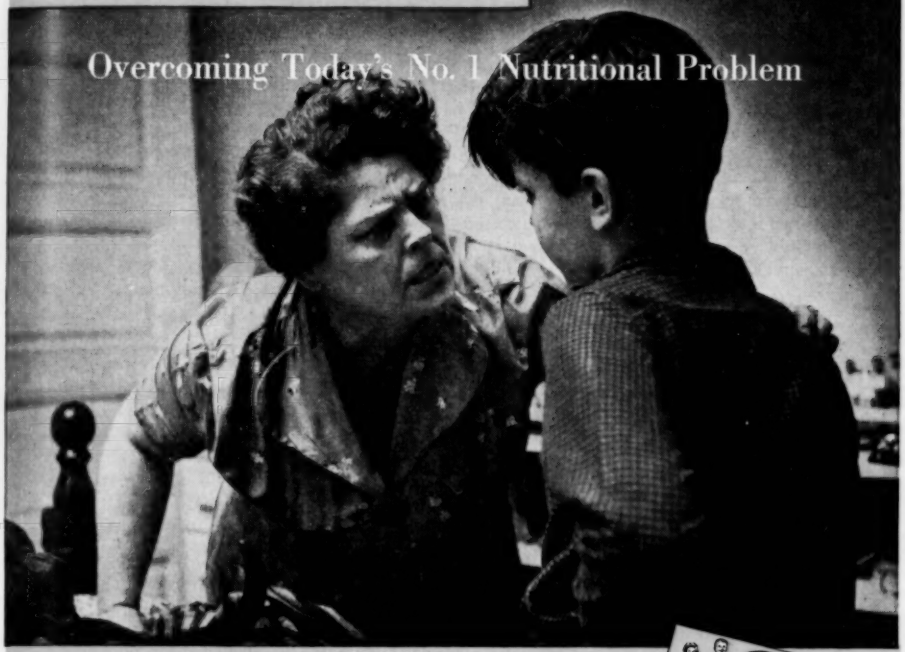

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placed on the relationships of the health visitor with other workers in the field. The patient is seen before, during and after sanatorium treatment by the health visitor and contacts are also included in the overall program.

Although this book is written about the care and treatment of the tuberculosis patient in England it should be valuable to public health nurses everywhere. It is interesting and informative for a nurse and it could also be easily understood by a tuberculosis patient or his family. It would be valuable in giving student nurses an insight into the total problems of the tuberculosis patient as a member of the family and of a community.

The Practice of Mental Nursing by May Houliston, R.G.N.,R.M.N.,R.F.N. 164 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 2, Ont. 2nd ed. 1955. Price $1.30.

Reviewed by Mr. Harry Spindler, Instructor, Nova Scotia Hospital, Dartmouth, N.S.

The stated purpose of this book is to provide, for the junior student nurse in a mental hospital, an up-to-date description of the nurse's duties that would equip her to take an intelligent and sympathetic interest in the patients and their reaction to the various features of hospital life.

This text could be recommended to nursing assistants in mental hospitals. It is a less suitable text for student nurses in psychiatric hospitals because of its brevity and lack of technical and theoretical content. It would be very useful for those taking a psychiatric nurse's aide course, or for a student or graduate interested in psychiatric nursing as a specialty. It provides excellent reading and the amount of knowledge desired by those who know little of this type of nursing. The material is simply stated, concise and very easily understood. It would make an excellent reference text for student nurses in general hospitals particularly those desiring simple explanations for some of the more complicated psychological terms.

The content includes a brief historical outline of mental nursing. This is followed by a description of the essential qualities particularly advantageous to the psychiatric nurse. Good education, common sense, patience, tact, self-control and sympathy are among the necessary attributes. The author stresses the point that, without these qualities, no amount of intellect or study will ever produce a good mental nurse.

The chapters on Normal Psychology and General Symptomatology are excellent. The former includes a brief description of elementary psychology that may help the student in her study of problems discussed later. This is a particularly well written chapter. Certain basic psychological terms are explained. These terms are based on three aspects of the mind — cognition (knowing), affect (feeling or emotion) and conation (behavior). The latter part of this chapter deals with the development of the mind, and centers around two main desires or instincts — self-preservation and race-preservation. The various symptoms of mental disturbances are discussed and an excellent classification of the causes of mental illness is given.

The chapter on Mental Disorders, while well written, is very short and is only intended to give brief descriptions of the most common mental and nervous disorders. The aim is to begin to familiarize the student with the names of the illnesses from which her patients may suffer.

The latter part of the text is concerned chiefly with psychiatric nursing. The author attempts to set down rules to guide the nurse in her difficult task of managing the day to day life of certain mental patients. A brief description of the management of suicidal, impulsive, epileptic and destructive patients is given. The care of those with degraded habits, with habits of self-mutilation, with tendencies to escape or to refuse food, is discussed. Any rules must be flexible or subject to exceptions but the nurse must have experience in recognizing the exceptions. Special duties, such as the responsibilities regarding parole patients, walking parties, letters, visitors, meals, care of keys and fire regulations, are given consideration.

There is no mention of the methods of treatment employed in mental hospitals, other than occupational and recreational therapy and psychotherapy. A chapter devoted to this particular subject would have enhanced the value of the book.

In The Doctor's Office by Esther Jane Parsons. 312 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 2nd ed. 1956. Price $3.95.

Reviewed by Mrs. Avon Kierstead, Box 308, Oshawa, Ont.

The purpose of this book is to show the many ways in which the medical assistant

can increase her personal efficiency and serve both the doctor and his patient better. Her intelligence, tact, sympathy and integrity can do much to create a better nurse-patient-doctor relationship. Information included in this book would be valuable to the medical assistant whether she be receptionist, medical secretary, nurse or laboratory technician. It would be helpful to the doctor in determining the system to be followed in his particular situation.

Special attention is given here to the development of those attributes and mental reactions which will enable the medical assistant to meet with equal poise the various types of patients coming to the office, the visiting doctor, the representatives of pharmaceutical, surgical and medical supply houses, insurance agents and other businessmen. The influence of physical health, posture, and proper habits of dress and conduct on the effectiveness of her services is stressed. A special chapter "Mind over Matter" gives concise instruction in handling the special situations which arise in psychiatric practise.

Not only must the medical assistant be capable of assisting the doctor in the treatment room and of carrying out certain special tests and procedures, but she must know how to handle the emergency situation when he is not there. A clear account of first aid and emergency techniques is given, with accompanying diagrams of pressure points for controlling hemorrhage and illustrations of the method of applying bandages to various areas of the body.

Instruction is given in attention to the physical aspects of the doctor's office. Care in handling and cleaning office and laboratory equipment; accuracy in taking telephone messages, typing medical histories and letter writing; and the importance of keeping accurate records of both doctor's and patient's accounts are emphasized.

This book is written in a clear and forceful style. Numerous examples are given of both proper and improper handling of office situations taken from the writer's file of true experiences. Each chapter begins with a cartoon emphasizing the thought of the chapter and a quotation from some famous writer.

Workbook of Drugs and Solutions by Luella C. Smith, R.N.,B.S. Revised by Ellen M. Anderson, R.N.,B.S.,M.A. 210 pages. McAinsh & Co. Ltd., 1251 Yonge Street, Toronto, Ont. 1953. 4th Ed.

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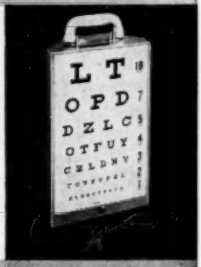

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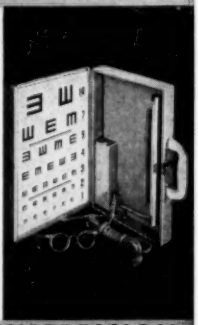

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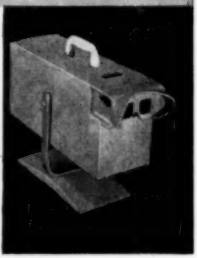

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THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA
73 COLLEGE STREET, HALIFAX, N.S.

Reviewed by Miss Norma Clayton, St. Thomas-Elgin General Hospital, St. Thomas, Ont.

This book has been prepared in such a way that it can be used by both instructor and student during the course in Drugs and Solutions.

In the introduction, a short history of arithmetic dealing with the two systems now used in expressing numbers, has been presented. This is followed by a comprehensive review of basic arithmetic, including material on the manipulation of common fractions, decimal fractions, percentage, ratio and proportion. With each division of this section, many practice problems for student use have been included. To enable the student to gain a thorough knowledge of the two systems of weights and measures in common use in hospitals, a chapter has been devoted to tables in the Apothecaries' and Metric systems. Very complete tables of approximate equivalents also appear in this section.

Several chapters follow dealing with the problems involved in making a solution of desired strength, in computing fractional dosages for hypodermic use and in calculating a dose of drug for a child. The various methods of working these problems are explained. Numerous examples of the different types of problems are included for practice.

This workbook should be an excellent guide for the instructor in preparing her course. It could be used most effectively by the student nurse who so often finds that this is one of the more difficult subjects to master.

New Rabies Treatment

The striking effectiveness of serum plus vaccine in preventing rabies in a group of persons who were severely bitten by a rabid wolf, in Iran last year, and in similar experiences of a less extensive nature, were accepted as clear demonstrations of the usefulness of this method, by the Third WHO Expert Committee on Rabies which met at the Pasteur Institute in Paris.

The meeting had historic implications since it was at this same Institute that Pasteur introduced rabies vaccination for human beings over 70 years ago. The combined technique is one of the most notable advances in the prevention of rabies since that time. This important step forward represents a high degree of international collaboration, coordinated by WHO, because it could not have been achieved by any single country or laboratory alone. The committee members, whose laboratories are situated in India, Iran, Israel, Spain, France and the United States, have been working together on problems of rabies control since 1950.

Additional research showed that it was necessary to give a complete course of vaccine along with the serum therapy. Because of side reactions which can be produced by any serum, it was recommended that serum be used only in very severe exposures after testing the person for sensitivity. The committee also studied the results of exhaustive experiments designed to determine the best procedure to follow in treating wounds inflicted by animals suspected of having rabies. These studies showed the value of immediate cleansing with soap and water, followed by cauterizing with nitric acid on parts of the body where this can be used without danger. The third step recommended in local treatment of wounds, and this is a new development, is to inject serum around the site of the bite.

A new technique for protecting persons whose occupations expose them to the possibility of bites of rabid animals was delineated. Veterinarians, laboratory workers, postmen, personnel of gas and electrical industries and delivery services must often undergo repeated treatments with rabies vaccine, which carry a danger of post-vaccination complications.

The new approach involves providing basic protection by giving very small doses of chicken embryo vaccine, or a few doses of ordinary nervous tissue vaccine. This is

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followed by a single booster dose of vaccine after a bite occurs instead of the long (14-21 day) schedule of inoculations now performed.

Results of studies made on improved vaccines for dogs, cats, and cattle were also discussed. Recently developed vaccines prepared from chicken embryos were found to confer long-term protection on dogs by only a single inoculation and were demonstrated to be useful for cattle. Rabies in wildlife, particularly in foxes, jackals and wolves, is a problem in many countries. It also exists in insectivorous bats in areas of North America. It has long been established that rabies is transmitted to men and animals in Latin America by bloodsucking bats. The finding of rabies in insectivorous bats in Yugoslavia indicates that this problem is not confined to the western hemisphere. Wild animal reservoirs present special difficulties and extraordinary measures must be evolved to combat them.

—Pan American Sanitary Bureau.

* * *

Ventricular fibrillation — the deadly loss of normal rhythm in the heart's ventricles which often accompanies heart operations under refrigeration — can now be prevented by injecting the heart with novocain. The novocain technique is expected to increase the safety of operations performed with refrigeration, or hypothermia. Hypothermia permits the repair of many heart defects which would otherwise be incurable.

In heart surgery with hypothermia the anesthetized patient is placed in an ice bath until his body temperature falls twenty degrees below normal and a state somewhat comparable to the winter sleep of bears is reached. In the chill of hypothermia the normally urgent demands of body tissues for blood-borne oxygen are drastically reduced and the surgeon is provided with a period of eight to ten minutes in which he can interrupt the work of the heart and make repairs. At these unnaturally low body temperatures, however, the heart often loses its normal coordinated pattern of nerve impulses and muscle contractions. The individual heart muscle fibers may take up independent action and the heart fail to provide effective pumping action.

The effectiveness of the novocain technique was demonstrated at the Heart Institute Clinic of Surgery in ice bath operations on the hearts of forty dogs under conditions

which usually result in fatal ventricular fibrillation. The hearts of twenty of these dogs were treated with a series of novocain injections at the top of the left auricle under the heart's skinlike epicardium. Ventricular fibrillation did not develop in a single dog so treated, but 18, or 90 percent, of the untreated dogs fibrillated.

To date, more than forty human patients at the National Heart Institute have undergone "ice bath" heart operations thus protected by novocain injections.

— U.S. Department of Health, Education & Welfare

* * *

Enzymes extracted from exotic plants, tuna fish, and animals have shown promise as debriding agents in the treatment of burns and wounds.

The investigators were led to the tuna fish as a possible source of a debriding agent by the fish's eating habits. The tuna swallows its prey whole, and enzymes that break down the tough scales of its victims are thought likely antagonists of collagen. Such an agent has been isolated from the tuna's pancreas. Similar agents have been extracted from the pancreas of hogs and cattle. The pineapple, long known for its tenderizing effect on meat through enzymatic action, has yielded an enzyme known as bromelin that has shown considerable promise.

The threat of flash burns on a massive scale from nuclear weapons and resultant mass infections has spurred research in this field. — *Scope Weekly*

* * *

Rungs in the Ladder of Success

100%	I did
90%	I will
80%	I can
70%	I think I can
60%	I might
50%	I think I might
40%	I wish I could
30%	I don't know
20%	I don't know how
10%	I can't
0%	I won't

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TORONTO

Ontario

The following is a list of the changes in the Ontario Public Health Services:

Appointments — *Evelyn Cunningham* (Brant Gen. Hosp., Univ. of Toronto) to the position of supervisor, Brant Co. Health Unit. *Joyce Fines* (B.Sc.N., U. of T.) to Etobicoke Township Board of Health. *Margaret Winfield* (Toronto West. Hosp., U. of T.) to Muskoka District H. U. *Mrs. Noreen Heath* (Royal Southern Hosp., Liverpool, England, Univ. of Pennsylvania) to Ottawa B. H. *Margaret (Brady) Burns*, (Royal Vic. Hosp., Montreal, McGill Univ.) to Ottawa Collegiate Board. *Lillian (Chojcan) Ezesky*, (Women's College Hosp., U. of T.) to Scarborough Township B. H. *Elizabeth Auden* (B.Sc.N. McMaster Univ.) to Wentworth Co. H. U. *Irene Nealon* (St Michael's Hosp., Toronto, Univ. of Ottawa) and *Mary Williams* (B.Sc.N., U. of T.) to York Township B. H.

Resignations — *Margaret Norton* from the position of supervisor, Brant Co. H. U. *Iris (Yake) Howells*, from Bruce Co. H. U. *Audrey Humphries* and *Margaret (Hallawell) Martin*, from Simcoe Co. H. U.

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Nursing Sisters' Association

The annual meeting of the Halifax branch was held late in 1956 in the auditorium of Camp Hill Hospital. Twenty-seven members were present. The following slate of officers was elected for the current year: Mrs. G. Vatcher, pres.; Mrs. M. Innis, vice-pres.; M. Romans, treas, M. Betts, sec.

News Notes

ALBERTA

District 3

Calgary

Holy Cross Hospital

Construction of the nurses' residence is progressing satisfactorily and is expected to be completed in July, 1957. The auditorium is planned to accommodate 300 people. Each nurse will have a private room. More adequate classroom, demonstration and laboratory space have been planned. E. Heaver is doing postgraduate study in ophthalmology and otolaryngology in Philadelphia. A. Taylor is presently in Ponoka. M. Dietz is working in Milo. B. A. Tompkins is on the staff of the Colonel Belcher Hospital as educational instructor. J. Cummins has enrolled in the teaching and supervision course at the University of Alberta.

Under the auspices of the Holy Cross Alumnae, the Calgary Junior Ballet Corps presented a very successful first performance. Proceeds were directed toward the Scholarship Fund.

High River

The annual meeting of the chapter was held in December with election of officers.

Members prepared tray favors for Christmas and New Year's days for hospital patients. Mrs. Clara Van Dusen was guest speaker at one of the meetings late last year and discussed new and proposed legislation of the A.A.R.N.

District 7

Edmonton

University of Alberta Hospital

The alumnae association elected the following members to office for the current year: E. Markstad, pres,; Mrs. R. Choate, vice-pres.; Mrs. W. F. Hall, cor. sec. The social program for 1957 includes: the annual banquet for the graduating class to be held at the Mayfair Golf and Country club in April; the annual rummage sale to be held in October; the annual "At Home" to be held in the Nurses' Residence in September.

Vermilion

Municipal Hospital

Seven hundred people of the town and surrounding district gathered to express their appreciation of her many years of loyal service to Miss Alice Keith who has retired as matron. Members of the local chapter of the nurses' association, the hospital board and others organized the program for the occasion. Mr. B. A. McNab, chairman of the board, was the master of ceremonies.

Miss Keith graduated from the Royal Alexandra Hospital, Edmonton, in 1919. In 1920 she became matron of the new Municipal Hospital in Vermilion. In 1929 Miss Keith went to the University of Toronto where she enrolled in public health studies.

Alice Keith

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Subsequently she joined the staff of the Department of Health of that city and remained in the public health field until 1932. In that year, she returned to the field in which she had already given so many years of service, and resumed her duties as matron.

Miss Keith was the recipient of gifts from the members of the chapter, the hospital board and the community. A scroll recorded the names of her many well-wishers.

Westlock members: *Seated* — MRS. N. MACINTYRE, MRS. H. GILCHRIST AND MRS. H. HATHERLY. *Standing* — B. RAYMONT, P. SATTLER, D. FLYNN, MRS. A. HAAS, MRS. G. JONES, MRS. L. KICKHAM and B. HARGRAVES.

WESTLOCK

Twenty-two nurses braved 52° below zero weather to enjoy their 1956 Christmas party at the home of Mrs. F. Roberts. The secretary, D. Flynn, presented an interesting report of the year's activities which included sponsoring two blood donor clinics, a fashion show, a telephone bridge and the awarding of scholarships to two student nurses. A committee was chosen to bring a report to chapter members concerning accreditation of schools of nursing. Mrs. H. Gilchrist was the recipient of a beautiful corsage as she began her term of office as the new president.

BRITISH COLUMBIA

KAMLOOPS

Royal Inland Hospital

The school of nursing celebrates its 50th anniversary on May 24 and 25. A reunion of all the graduates is planned and it is hoped that as many as possible will plan to attend. Members of the executive would appreciate hearing from graduates who have married and lost contact with their association. A registration fee of $5.00 sent to Mrs. W. R. Waugh, 694 Seymour St., Kamloops, B.C. will cover all social events. An attractive alumnae pin — a replica of the school pin without the bar — will be available for sale to members in good standing.

The yearly gift to the school of nursing was $50.00 to be used to purchase chromo slides for classroom use. The Vancouver branch contributed $25.00 of this amount.

PRINCE GEORGE

Mrs. Barbara Rifkin described the work of the city school for handicapped children at a recent chapter meeting. There are presently nine children enrolled for full-time instruction. Supervised play periods, music, games, academic work, health habits and personal training are all part of the curriculum. Mrs. Rifkin paid tribute to the untiring efforts of the five volunteers who assist with the work of the school. The Bursary Tea held last December was well-attended.

VANCOUVER

St. Paul's Hospital

N. Chernekou is a stewardess with C.P. Airlines. J. McDiarmid is on the staff of Whitehorse General Hospital. G. Davies is presently with Lourdes Hospital, Campbell River, B.C. P. McJorg has moved to Guelph, Ont. K. Unger who is in charge of a dispensary in Pimpalner, India wrote recently describing her work there. The Alumnae "Drama" Club presented their "Famous Show" at the RNABC Christmas party held in Shaughnessy Hospital auditorium. The presentation was a great success.

Victoria

At the annual chapter meeting in January, Mrs. J. Jones was re-elected as president. Other members of the executive are: Past pres., E. Riddell; vice-pres., M. McMillin, Mrs. M. Croft; rec. sec., J. Jamieson; cor. sec., E. Benson; treas. O. Wilson.

Miss E. Green, who has been with the World Health Organization in Egypt, was guest speaker. She showed colored slides and told of her experiences with a nursing education team training Egyptian nurses.

Williams Lake

At a meeting held late in the past year, Mrs. E. Fawcett was elected president for the current term with J. Boyd, vice-president, and M. Kallaur, secretary-treasurer. Activities for 1956 concluded with a Christmas party much enjoyed by all in attendance.

NEW BRUNSWICK

Moncton

A chapter meeting was held in January at the Tuberculosis Hospital with 22 members present. Miss H. Hayes gave a very interesting talk on accreditation of schools of nursing. Members of the Tuberculosis Hospital staff entertained.

Saint John

General Hospital

Increase in residence accommodation provided the opportunity for the largest class of student nurses ever to enrol in any one year, to begin their training. A total of 183 student nurses were expected to be following the 3-year course of instruction during the current year.

St. Joseph's Hospital

H. Denny tied for second place in the provincial examinations for registration. She was the winner of the class award for professional ethics. Twenty-five young women enrolled in the fall class bringing the total of student nurses in the school to 62. Last fall the 8-hour day schedule was successfully introduced for all nursing staff including student nurses.

ONTARIO

District 2

St. Mary's

The fall meeting of the district was held in First Presbyterian Church. H. Naudett presided. Greetings were extended by representatives of the Ministerial Association, the Medical Association and the Town.

The highlight of the meeting was the report of the CNA Biennial Convention given by M. Snider. A decision was made to contribute towards the furnishings of the new

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AN ALUMNI REUNION IS PLANNED:

Alumni members are cordially invited to attend.

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provincial office building. Mr. H. Maxwell delighted the audience with a "Travelogue in Film" following the business session.

District 4

St. Catharines

General Hospital

Alumnae members are already beginning to make plans for the 85th anniversary of the historic Mack Training School for nurses. This event will take place in 1959. A Valentine bridge party was held in February and a successful Chinese auction at an earlier meeting. The association has undertaken to furnish a room in the new nurses' residence as a project for the current year.

District 5

Toronto

Western Hospital

A building fund campaign was launched early this year as the first step in an extensive program of expansion and improvement.

The alumnae sponsored a successful theatre night early in December, 1956. The play, "Every Bed is Narrow" was thoroughly enjoyed by all in attendance. The members of the 1957 graduating class were guests of honor at the annual alumnae dance held in the Royal York Hotel.

Women's College Hospital

Election of officers for the current year was combined with a supper meeting of alumnae members held in Burton Hall. Members are reminded that anuual fees are now due and will be accepted up to March 31. After this date reinstatement will be necessary. The Theatre Nite sponsored by the association did not receive adequate support and was much less successful financially than had been hoped. W. Sims has been awarded the Harriet Tremaine scholarship, Miss Sims plans to continue her nursing studies at Columbia University. B. Fellows has joined the staff of her home hospital following her return from England. Mrs. M. (Grant) Smith has accepted the position of supervisor of the maternity division, Kingston General Hospital.

District 7

Kingston

Ontario Hospital

Each member attending the annual alumnae Christmas dinner brought a cup and saucer that was donated to the nurses' residence. M. Johnson and F. Campbell have returned to staff after spending six months at Hartford Hospital, Lanarkshire, Scotland. Mrs. M. Waller is to be transferred to the

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new Ontario Hospital, North Bay, where she will assume the position of assistant superintendent of nurses.

QUEBEC

MONTREAL

Mrs. Olive (Bell) Kimmerly has resigned from the Canada Steamship Lines Ltd. and has been replaced by A. Johnson. J. Olson has joined the health staff of the Montreal Locomotive Works. A. Marwan is in charge of the nursing services of the health unit recently opened in connection with Carbide Chemicals Company. A. Lapensée has joined the staff of Dominion Rubber Company replacing B. Galarneau who retired several months previously. M. Laberge has joined the staff of Warden King Ltd. J. Clarkson is with the Singer Manufacturing Company, Thurso. Mrs. E. Alexander has succeeded Mrs. D. Harman as nurse-in-charge at the Dominion Engineering Works Ltd., Lachine. M. G. Côté has been appointed to the health unit recently opened by the CBC and Mrs. H. G. Crête has been appointed to a similar service with Sylvania Electric, Drummondville. Mrs. F. Ordidge is nursing in the health service of Bristol Aero Engines Ltd., Montreal. M. Smith has joined the staff of Crane Ltd. I. Hardy is with Canadian Vickers Ltd. D. Dufresne and D. Gallant are new members of the Health Center staff at Canadian Pratt and Whitney Aircraft Co. Ltd. A. Landry is on the staff of St. Regis Paper Co., Cap de la Madeleine.

Mlle A. Martineau a été nommée infirmière-chef de la section du nursing à la division des Districts Sanitaires de la Ville de Montréal. Mlle G. D. Côté a été promue assistante-infirmière-chef et Mlle R. Doyon a été nommée infirmière-chef de groupe.

Royal Victoria Hospital

A bridge and canasta party was held late in January in the nurses' residence. The event proved very successful. Funds were directed towards paying for equipment for the students' new sewing room. Mrs. W. A. G. Bauld was the convener of the party, with Mrs. M. Couper in charge of tickets and Mrs. A. B. Hawthorne and R. Ackhurst in charge of refreshments. Members of the student body assisted.

C. (Mitchell) Stanley was a recent visitor. E. A. Fyles is presently at the Massachusetts General Hospital where she is working towards completion of her B.S. degree at Boston University. M. H. Swayne is on the staff of Evanston Hospital, Illinois. C. Campbell has returned to her home hospital as assistant head nurse of the urology department, while M. McAdam and C. Findlay have accepted similar positions on orthopedic and surgical wards.

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Associate Director of Nursing Service for 175-bed hospital & school of nursing. New 291-bed hospital to be opened early this year. Excellent personnel policies. Salary open for this position. Apply Director of Nursing General Hospital, Medicine Hat, Alberta.

Matron & General Duty Nurses for Canada's most westernly hospital. Beautiful scenery, good hunting & fishing. Apply Dr. M. MacLean, Administrator, Queen Charlotte Islands General Hospital, Queen Charlotte City, British Columbia.

Matron for new (1950) 30-bed hospital. Duties to commence April 1, 1957. Private 3-room suite. 4-wk. annual vacation with pay after 1 yr. service. All statutory holidays. 44-hr. wk. Full-time Sec.-Treas. For further particulars contact Robert G. Keast, Sec.-Treas., District Hospital, Roblin, Man.

Matron for modern 8-bed hospital in southern Saskatchewan. Salary: $300 per mo., with full maintenance provided for $30 per mo. Apply Sec.-Treas., Union Hospital, Hodgeville, Saskatchewan.

Hospital Superintendent for 28-bed hospital, duties to commence June 1, 1957. Complete staff at present time. Excellent living quarters. Apply stating references, age, experience & salary expected to Secretary, Mrs. M. S. Leslie, Executive Committee, Bingham Memorial Hospital, Matheson, Ont.

Matron for 23-bed hospital (Immediately). Salary: $270-$295. We have 2 doctors & full complement of nurses. Good farming area. Green Water Lake summer resort nearby. Please state experience & apply P. Tomyn, Sec.-Manager, Union Hospital, Kelvington, Sask.

Nursing Director for 65-bed General Hospital. Located in the Berkshire Hills of Massachusetts. All year-round vacation land. Salary open. Please apply to W.B. Plunkett Memorial Hospital, Adams, Massachusetts.

Assistant Director of Nursing, General Duty & Assistant Nurses for 150-bed hospital. 44-hr. wk. 31 days vacation, statutory holidays, 2-wk. sick leave. Write stating qualifications, experience, salary expected, age & references in 1st letter. Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal, Que.

Supervisor of Nursing (R.N. experienced in nursing service administration desirable) for new modern 50-bed General Hospital in progressive town (10,000) in Cariboo Dist. central B.C. 14 R.N.'s., 10 Aides, 6 Med. staff. Priv. suite in new residence. Salary commensurate with qualifications. 40-hr., 28 days vacation plus 10 statutory holidays. Sick leave. Travel allowance. Please state age, salary expected, experience & references to Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Supervisors & Staff Nurses. Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

Night Supervisor, Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriner's Hospital for Crippled Children. 1529 Cedar Ave., Montreal, Que.

Operating Room Supervisor, General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, Paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

Clinical Instructor for 50-student school of nursing. New Nurses' residence combined with teaching unit. For further information apply to Director, School of Nursing, Victoria Hospital, Winnipeg, Manitoba.

Nursing Arts Instructor & Operating Room Supervisor for 110 bed-hospital. Apply Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Instructor for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Instructors (Medical-Surgical Nursing), Assistant Clinical Instructors. B.S. degree required. 5-day wk. 4-wk. vacation, 6½ holidays. 2-wk. sick leave, social security & group insurance. Apply Director of Nurses, Borgess Hospital Kalamazoo, Michigan.

Assistant Instructor of Nurses to teach sciences & assist with clinical teaching. Salary: $330-$390 per mo. **Graduate Nurses** preferably with psychiatric nursing experience. Salary: $270-$310 per mo. 1500-bed active treatment hospital. 44-hr. wk. Modern residence with board if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply stating qualifications & experience to Superintendent of Nurses, Provincial Mental Institute, Box #307, Edmonton, Alberta.

Pediatric Head Nurse with postgraduate or equivalent experience, Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Registered General Duty Nurses (2) for 35-bed hospital. Salary: $196 per mo. plus full maintenance, 4 increments of $5.00 per mo. after each 6-mo. 1-mo. vacation with pay. Sick leave & hospitalization benefits. If employed for 1 yr. train fare refunded from any point of Canada. Apply Miss A.A. MacDonald, Matron, Municipal Hospital, Two Hills, Alberta. Telephone 335.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

Registered General Duty Nurse (April 1st) for 18-bed hospital. Starting salary: $225 per mo. with $5.00 increment every 6-mo. Board & Room $40. 40-hr. wk. 1-mo. vacation, usual statutory holidays. Apply Matron, Lady Minto Hospital, Ganges, British Columbia.

Registered General Duty Nurses (3) for 40-bed General Hospital. Salary: $250 per mo. Annual increment. 40-hr. wk. 4-wk. vacation with pay after 1-yr. 10 statutory holidays with pay. 1½ days sick leave per mo. Apply Sister Superior, St. John Hospital, Vanderhoof, B.C.

Registered Nurse or Practical Nurse for General Duty for 8-bed hospital. Salary: **R.N.,** $200 per mo. **Licensed Practical,** $125 per mo. Full maintenance & living-in privileges. Five yearly increments of $5.00 per mo. at conclusion of 1st yr. of employment. Experienced **Nurses' Aides** may apply for employment. Apply John Hiscock, Secretary-Treasurer, Medical Nursing Unit, Baldur, Manitoba.

Registered Nurse for 40-bed northern hospital. Experienced in X-ray, laboratory & operating rooms & to act as assistant to Matron. For complete information write Matron, Yellowknife District Hospital, Yellowknife, N.W.T.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence. 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses for Delivery Room in new Obstetrical Unit to rotate hours of duty. Good personnel policies. Apply to the Director of Nursing, General Hospital, Belleville, Ont.

Registered General Duty Nurses for all departments. New wing recently opened. Good personnel policies. Apply to the Director of Nursing, General Hospital, Belleville, Ont.

Registered Nurses & Certified Nursing Assistants for 100-bed hospital, 25 mi. from Toronto. Modern residence available. Apply Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered Nurses (2) for 60-bed hospital. Salary: $180 plus full maintenance. Increment after 1 yr. service for 4 yrs. 8-hr. duty. 28 days vacation. Residence accommodation. Apply Supt. of Nurses, Alexandra General & Marine Hospital, Goderich, Ont.

Registered General Duty Nurses for 35-bed hospital. Salary: $250 less maintenance with increase after 6-mo. & yearly thereafter for 3 years. Apply Little Long Lac Hospital, Geraldton, Ontario.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered Nurse to teach classes of Certified Nursing Assistants. Room, Board & laundry. Gross salary: $240 with a 6-mo. increment. Please write to Superintendent of Nurses, Misericordia Hospital, Haileybury, Ontario.

Registered Nurse with experience in Delivery Room & Maternity Department. For information write to Director of Nurses, Misericordia Hospital, Haileybury, Ontario.

Registered Nurses. Gross salary: $195 per mo. 44-hr. wk. Single room residence. Summer resort, pop. 10,000. Apply Nursing Director, St. Andrews Hospital, Midland, Ontario.

Registered General Duty Nurses for active 300-bed hospital. Starting salary: $225 per mo., 2 annual increases. 21-days annual vacation for the first 2-yrs., 28-days the 3rd & following yrs. 8 statutory holidays. 44-hr. wk. Transportation up to $50 refunded after 1 yr. Accommodation available in new nurses' residence if desired. Apply Director of Nursing Service, The General Hospital, Port Arthur, Ontario.

Registered General Duty Nurses for 200-bed hospital. Gross salary: $225 per mo. Additional salary for university degree or postgraduate course. Apply Director of Nursing, St. Joseph's General Hospital, Port Arthur, Ontario.

Registered General Duty Nurses for 200-bed General Hospital. Salary: $220 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing, General Hospital, Sault Ste. Marie, Ontario.

Registered Nurses (2), Practical Nurses (2) at the United Church Mission Hospital, Hazelton, B.C. An opportunity for Christian service. Monthly salary: R.N.'s, $225, P.N.'s, $175. Write Administrator, Wrinch Memorial Hospital, Hazelton, B.C. or if in Toronto contact Dr. M. C. Macdonald, Board of Home Missions, 299 Queen St. W., Toronto 2B, Ontario.

Registered Nurses for all nursing departments of the new Sydenham District Hospital. Excellent personnel policies. Apply Director of Nursing, Sydenham District Hospital, Wallaceburg, Ontario.

Registered General Duty Nurses for County Hospital in Huntingdon, 45 mi. from center of Montreal. Excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. 2 theatres, bowling, curling & dancing. 8 mi. from summer resort on Lake St. Francis & 12 mi. from U.S. border. Gross salary: $200 per mo. Three $5.00 increases at 6-mo. intervals to maximum $215. 44-hr. wk., 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 2-wk. sick leave. Blue Cross paid. 1 mo. annual vacation, all statutory holidays. Apply Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses (2) for modern 8-bed hospital. Salary: $240 per mo. with $5.00 increments after 6-mo. service up to $250 per mo. Full maintenance provided for $30 per mo. Apply to Secretary-Treasurer, Union Hospital, Hodgeville, Saskatchewan.

Registered or Graduate General Duty Nurses (4) by March 15th for active, modern 45-bed hospital. Separate nurses' residence. Basic salary: $225 per mo. Maintenance: $30 per mo. Daily bus service to North Battleford & Saskatoon. $50 transportation allowance after 1-yr. service. Please apply stating age, experience etc. to Matron, Union Hospital, Meadow Lake, Saskatchewan.

Registered Nurses (Male & Female). Starting salary: $300 up, plus $20 p.m. shifts. 40-hr. wk. Paid vacation, 10-days sick leave. Social Security, hospital group ins. Apply Mr. Glenn A. Dickau, R.N., Administrator, Memorial Hospital, Corning, California.

Attention Registered Nurses — Apply Now! Staff positions available starting June '57 for 400-bed country hospital located 2 hr. drive from either San Francisco or mountain resort areas. Starting salary: $304 with shift differential of $10. Specialty service differential also. Rooms available in nurses' home for $15 per mo. Laundry & meals available for a reasonable sum. 40-hr. wk. 3-wk. vacation at end of 1 yr. 11 holidays yearly & compensatory sick time. Apply Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Registered General Duty Nurses. Starting salary: $300 per mo. & includes Institutional Insurance & Social Security. Apply Sister Mary Columba, R.S.M., R.N., St. Elizabeth Hospital, 402 Main St., Red Bluff, California.

Registered Nurses (Under 50) General Duty: $315-$330 depending on experience. **Supervising positions:** $330-$375 on step-basis. 3-wk. vacation, 11 holidays. Sick leave benefits, retirement plan. Modern Nurses' residence. State eligibility for California registration. Tuberculosis, other chest diseases, chronic illness. Rehabilitation ward recently opened. Interesting & challenging positions for qualified R.N.'s. Submit photo to Director of Nursing Services, Tulare-Kings Counties Hospital, Springville, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good persnnnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses for 85-bed General Hospital, near border of Mexico. City of 22,000. Splendid climate. 360 days sunshine. Base salary: $250 with interval increases. 2-wk. vacation. 2-wk. sick leave. Retirement. Apply Memorial General Hospital, Las Cruces, New Mexico.

Registered General Duty Nurses (All Departments) for 650-bed teaching hospital located in southwestern Ohio. Good salary program. 40-hr. wk., paid vacation, liberal employee benefits. Write Director of Nursing, Miami Valley Hospital, Dayton 9, Ohio.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

Registered General Duty Nurse in 50-bed hospital in a state institution for children. Could use husband in ward, shop or farm. Beginning salary: $200 plus full maintenance or $250 & live out. 40-hr. wk. plus vacation & sick leave. Good hospital facilities & supervision. Wonderful climate in a mountain setting. Apply State Training School, Lander, Wyoming.

General Duty Nurses for the R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary: $240 per mo. less $40 for room, board & laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time: 1½ days per mo. cumulative. 1 mo. annual vacation plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron.

General Duty Nurses to commence as soon as possible. Salary: $220 per mo. less $45 for full maintenance in new modern residence. 40-hr. wk. 28-days vacation after 1 yr. service, 10 statutory holidays. Fare refunded up to $40 after 1-yr. service. Apply Chas. F. Collins, Administrator, General Hospital, Golden, B.C.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses for 430-bed hospital; 40 hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 40-bed active hospital. Salary: $250 per mo. less $45 full maintenance in comfortable nurses' home adjacent to hospital. 42-hr. wk. Rotating shifts. 28-day annual vacation plus 10 statutory holidays. Cumulative sick time. This is an active friendly community located on the scenic Hope-Princeton highway with easy access to the beautiful Okanagan or westward to Vancouver. Apply Director of Nursing, General Hospital, Princeton, B.C.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for 107-bed accredited hospital. Starting salary: $190 per mo. plus meals. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ontario refunded after 6-mo. service. 44-hr. wk. 21-days vacation with pay, 8 statutory holidays. Accumulated sick time. Medical & hospital plan subsidized. Room accommodation available in residence. Apply Superintendent, of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

General Duty Nurses for all departments. Gross salary: $215 per mo. if registered in Ontario, $205 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

The
Ontario Society for Crippled Children

requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses (Immediately). Good salary & good personnel policies. Apply Director of Nursing, Ottawa Civic Hospital, Ottawa 3, Ontario.

General Duty Nurses for 40-bed General Hospital. 44-hr. wk. Good personnel policies. Apply Superintendent, General Hospital, Palmerston, Ontario.

General Duty Nurses (2) for new 173-bed hospital. Good personnel policies. Starting salary: $215 per mo. 44-hr. wk. Apply Director of Nurses, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $303-$356 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

General Duty Nurses for 325-bed hospital with NLN accredited school of nursing, 20 min. from downtown Detroit. Rotating shifts or permanent afternoon & night shifts. Beginning salary: $315 per mo., increments at 6 mo. & 1 yr. 2-wk. vacation, 6 legal holidays per yr. with no loss in salary. 16 days sick leave. Liberal hospital, medical, surgical & life ins. benefits. Write Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

General Duty Nurses (Staff positions in all Clinical areas) for 260-bed teaching hospital located half way between Detroit & Chicago. Day duty: $271 per mo. Evening & night duty: $301 per mo. 40-hr. wk. 2-wk. vacation. 2-wk. sick leave. 6½ holidays. Social security & group insurance. Apply Director of Nurses, Borgess Hospital, Kalamazoo, Michigan.

General Duty Nurses for newly opened 100-bed General Hospital located in Victoria, Texas. Pop. 50,000. Good year round climate, many recreational facilities. Starting salary: $275, differential for 3 to 11 & 11 to 7. 40-hr. wk. Liberal personnel policies. Apply to Director of Nursing, Citizens Memorial Hospital, Victoria, Texas.

General Duty Nurses for 50-bed General Hospital with excellent facilities. Complete X-ray, laboratory, physiotherapy, surgery, medical records & dietetic depts. Located in scenic Wyoming near Yellowstone National Park. Salary: $280. Apply stating qualifications, experience, housing desired etc. in first letter to Superintendent of Nurses, W. R. Coe Memorial Hospital, Cody, Wyoming.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. Salary range: $320.05-$346. Shift bonus: $26, afternoons; $17, nights. 5-day, 40-hr. wk. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

General Staff Nurses for 185-bed General Hospital, School of Nursing. Any shift, basic salary: $265 (days), $275 (evening & night). Basic Delivery Room: $275 (days), $280 (evening or night). 40-hr. wk. Annual vacation, 6 paid holidays. Sick leave, 12 days per yr. Apply Director of Nursing Service, St. Vincent Hospital, Billings, Montana.

Staff & Operating Room Nurses for 225-bed General Hospital, near New York City. Salary: $280 including benefits; $30 bonus for evening, $25 for night, extra for call duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, New York.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Graduate Nurses (4) for permanent staff Municipal Hospital. Net salary $180 per mo. with full maintenance. At the end of each 6-mo. period on staff Graduate nurses will receive a bonus of $120 thus making the net salary in effect $200 per mo. before income tax. 2 day vacation time in earned each full mo. worked, 8 statutory holidays in addition. Liberal sick pay & free hospitalization included in plan. We have a very nice residence for the nursing staff & are only 2 hrs. from Calgary by Trans-Canada highway or C.P.R. main line. You will like it here. Apply Matron. Municipal Hospital, Bassano, Alta.

Graduate Nurses for 125-bed maternity hospital & operating rooms of the Royal Alexandra Hospital. Personnel policies on request. For particulars apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Graduate Nurses (2) for 28-bed hospital. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days sick leave per mo. yearly accumulative. Pleasant surroundings. Nice nurses home. Apply Grand Forks Community Hospital, Grand Forks, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $235 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. accumulative. Apply, stating experience to Matron, Terrace & District Hospital Terrace, British Columbia.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $239. per mo. as minimum & $277.25 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

Graduate Nurses (2) for 33-bed General Hospital at Espanola (45 miles from Sudbury). Salary: $215-235 per mo. Blue Cross. Laundry provided. Apply Superintendent, General Hospital, Espanola, Ontario.

Graduate Nurses & Nursing Assistants Immediately for modern 42-bed hospital in northern Ontario. General salary schedule & allowances. 40-hr. wk. 1-mo. vacation with pay for Graduate Nurses. Apply Administration, New Liskeard & District Hospital, New Liskeard, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Nurses for new $13,000,000 hospital. Salary: $3,700 per yr. Meals & laundry. 40-hr. wk. Liberal vacation, holidays & sick leave. Civil Service benefits. Apply Director of Nursing, Martland Medical Center, Newark 7, New Jersey.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking 5-day wk., 4-wk. vacation, 18 days sick leave accumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse for generalized program in Alberta East Central Health Unit, Sedgewick sub office. Pension Plan. Blue Cross available. For details apply to Dr. Donald Mackay, Medical Officer of Health, Stettler, Alberta.

Public Health Nurses (Qualified) for generalized program. Salary: $3,000 to $3,600. Annual increment: $150. 5-day wk. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurse (1) for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

Public Health Nurses (Qualified) for Generalized Program — City of Ottawa Health Dept. Salary: $3,192-$3,672. Good personnel policies. 5-day wk. Superannuation, Blue Cross & P.S.I. benefits. Apply Employment & Labor Registry Office, Room 118, Transportation Bldg., 48 Rideau St., Ottawa 2, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group insurance available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (Qualified) for a generalized program in Etobicoke Township (suburb of Toronto). Minimum salary: $3,200. Annual increments to $3,680. Starting salary based on experience. Car allawance $670 per annum. 4 wk. vacation after 1 yr. Blue Cross & Pension Plan. Apply Director of Public Health Nursing, Township of Etobicoke 4946 Dundas St. W., Toronto 18, Ont.

Public Health Nurses immediately (Generalized Program) for Township of North York (a suburb of Toronto). Salary range: $3,120-$3,640 per yr., maximum reached in 4 yrs. $60 per mo. car allowance. Health & Pension plans with cost shared by the municipality. 4-wk. annual vacation. Address inquiries to Dr. Carl E. Hill, M.O.H., 5000 Yonge St., Willowdale, Ont.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

TORONTO GENERAL HOSPITAL

Department of Radiotherapy & Ontario Cancer Institute

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A 2-yr. course in technical training is offered by the above dept. to Graduate Nurses, with senior matriculation, interested in this type of work which embraces every aspect of radiation therapy. Salary during training approx. 90% of the basic for Registered General Staff Nurses. Inquiries are invited, and may be addressed to:

DR. M. V. PETERS, Dept. of Radiotherapy, Toronto General Hospital, Toronto 2, Ontario.

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NEEDED FOR GENERAL DUTY

IN A NEWLY ENLARGED 125-BED SUBURBAN TORONTO HOSPITAL

Salary range: $225 - $275 per month.

Personnel manual gladly furnished on request.

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DIRECTOR OF NURSES, HUMBER MEMORIAL HOSPITAL,
200 CHURCH ST., WESTON, TORONTO 15, ONTARIO. PHONE CH. 4-5551

Baker Memorial Sanatorium, Calgary, Alberta offers to **Graduate Nurses** a 6-mo. postgraduate course in Tuberculosis. Maintenance & salary as for General Staff Nurses. Opportunity for permanent employment if desired. Spring & Fall classes. Apply Superintendent of Nurses.

Laboratory Technician (Qualified) for 40-bed General Hospital. Salary: $250 per mo. Annual increment. 40-hr. wk. 4-wk. vacation after 1-yr. 10 statutory holidays with pay per yr. 1½ days sick leave per mo. Apply Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Registered Nurses (Immediately) for 30-bed hospital. Salary: $210 per mo. gross. Come & spend the summer months next door to Waterton Lakes National Park. Apply Matron of Municipal Hospital, Magrath, Alberta.

Registered or Graduate General Duty Nurses (2) for modern 20-bed hospital. Salary: $230, R.N.'s.; $220, Grads. Increment of $5.00 after each 6-mo. service. 1-mo. vacation with pay after 1 yr. service. Separate staff residence. Maintenance $30 per mo. Apply Matron or Secretary-Manager, Riverside Memorial Hospital, Turtleford, Sask.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

General Duty Nurses for modern 60-bed hospital in south western Ontario. 3-wk. annual vacation & 7 statutory holidays. Benefits of free laundry, cumulative sick time. Apply Director of Nurses, Alexandra Hospital, Ingersoll, Ontario.

Psychologists, Social Workers, Occupational Therapists, Psychiatric Nurses. These positions have been created through the expansion of our Psychiatric Clinic. Applicants must be bilingual, highly qualified & recommended. Apply to Institut Albert Prevost, 6555 West, Boulevard Gouin, Montreal 9, Que.

Superintendent (Immediately) for modern 40-bed General Hospital. Good personnel policies. For information write Mr. C. A. Watt, Chairman of the Board, General Hospital, Palmerston, Ontario.

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$2,610-$3,360

CERTIFIED NURSING ASSISTANTS

$2,040-$2,220

SUNNYBROOK HOSPITAL — **TORONTO**

5-day week

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CIVIL SERVICE COMMISSION,
25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

INSTRUCTORS

SCHOOL OF NURSING

SOUTH WATERLOO MEMORIAL HOSPITAL

GALT, ONTARIO

Vacancies are open immediately for 1 Clinical Surgical Instructor & 1 Nursing Arts Instructor. Modern well equipped School of Nursing — New teaching unit in course of construction. Enrollment: 57 students to be increased to 75.

SALARY RANGE: $300 — $310 — $320 PER MONTH.

APPLY: DIRECTOR OF NURSING

Night Supervisor, $225. **General Duty Nurses,** $200, less $30 for full maintenance for 35-bed hospital, 50 mi. from Toronto. 8-hr. duty. Good personnel policies. Good living accommodation in residence. Apply Superintendent, Stevenson Memorial Hospital, Alliston, Ont.

Operating Room Supervisor for a suite of 5 operating rooms. Postgraduate training required. Regular increments, pension plan. This is a new 175-bed hospital in the interesting Shakespearean city of Stratford. Apply Director of Nursing, Stratford General Hospital.

McKellar General Hospital, Fort William, Ontario requires **Registered General Duty Nurses.** Basic salary: $225 per mo. Good personnel policies. Hospital consists of a new wing & a recently completed extensive renovation program in the old section. Nurses interested in all fields of nursing are invited to apply to the Director of Nursing.

McKellar General Hospital, Fort William, Ontario requires a **Science Instructor.** Duties to commence early in August. Salary schedule: $270-$300 per mo. Additional recognition for experience. Good personnel policies. Apply Director of Nursing.

Registered Nurses for 38-bed General Hospital. Salary: $265 with periodic increases. Excellent personnel policies. For further information apply Superintendent of Nurses, City Hospital, Red Wing, Minnesota.

General Duty Nurses for 50-bed hospital. 5½ day wk. 8-hr. duty. Annual vacation with pay & statutory holidays. Full maintenance in new modern residence. For full particulars apply Superintendent, General Hospital, Kincardine, Ontario.

Laboratory & X-Ray Technician for active 35-bed hospital, 50 mi. from Toronto. Duties to commence June 1, 1957. Good personnel policies. Good living accommodation in nurses residence. For further information please apply to Superintendent, Stevenson Memorial Hospital, Alliston, Ont.

Matron (Immediately) for 18-bed hospital. 40-hr. wk. Statutory holidays & regular vacation. Maintenance at cost. Beautiful location. Apply with full details & salary expected to Administrator, Arrow Lakes Hospital, Nakusp, British Columbia.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

GENERAL DUTY NURSES

(GRADUATES)

for U.S.A.

236-bed-hospital. 30 miles from New York City. Apt. style residence. Good salary. Free benefits. Pension plan.

Apply: Director of Nursing,

MEMORIAL HOSPITAL, MORRISTOWN, NEW JERSEY, U.S.A.

OPERATING ROOM SUPERVISOR

REQUIRED TO TAKE CHARGE OF OPERATING ROOM,

SOUTH HURON HOSPITAL, EXETER, ONTARIO.

APPLY SUPERINTENDENT.

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YALLOURN, VICTORIA, AUSTRALIA

Sister Tutor in Charge

Applications are invited for the position of Sister Tutor at the above 162-bed hospital (122-bed general nursing). The Training School is well established & operates in a modern well-equipped block comprising lecture rooms, demonstration room, library, Tutor's study, etc. All equipment & aids available to facilitate teaching.

Salary & entitlements according to appropriate Award which at present provides for a weekly payment of £16/19/6d. plus 15/0d. per wk. for Tutor's certificate held.

Situated in the heart of Gippsland in a rapidly developing area the position offers an excellent opportunity to a qualified person to take over & build up a virile school.

APPLY FOR FURTHER PARTICULARS TO MATRON BAKER

NEW MOUNT SINAI HOSPITAL

Modern 400-bed Hospital in Central Toronto

requires

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

Good salaries and personnel policies

APPLY: DIRECTOR OF NURSING,
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

GRADUATE NURSES

ST. JOHN'S EPISCOPAL HOSPITAL

480 HERKIMER STREET
BROOKLYN 13, N.Y.

An acute general hospital of 281 beds. Fully accredited. Located within the city limits. Close to shopping and entertainment areas.

VACANCIES — A limited number of staff positions in most areas.

ATTRACTIVE living accommodations.

SALARY — Begins at $260 - $265 per month depending on shift.

INCREMENTS — $10 at the end of 3 and 12 months. $5 at end of 24 months.

BONUS — $40 for evening duty — $20 for night duty.

HOLIDAYS — Eight paid holidays per year.

VACATION — Four weeks after completion of 1 year.

SICK LEAVE — 15 days after 1 year.

HOSPITALIZATION and other benefits.

BENEFITS — begin after 6 months.

Apply to:

DIRECTOR OF NURSES

UNIVERSITY OF ALBERTA HOSPITAL

requires

General Staff Nurses for 920-bed General Hospital to open a 250-bed addition in the near future. 40-hr. wk.

Salary schedule: $230-$260 per mo. with generous allowance for past experience. Excellent fringe benefits.

For further information apply to:

Associate Director
of Nursing (Service)
University of Alberta Hospital,
Edmonton, Alberta

REGINA GENERAL HOSPITAL

SCHOOL OF NURSING
Regina, Saskatchewan

Requires the following personnel immediately:

Assistant Educational Director

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